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CONTRADICTION!

OR,

ENGLISH

MEDICAL MEN AND MANNERS

OF THE

NINETEENTH CENTURY.

BY 'ΑΤΙΘΑΣΣΕΥΤΟΣ.



LONDON:
BAILLIÈRE, TINDALL, AND COX,
20, KING WILLIAM STREET, STRAND.

1877.



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P R E F A C E.

To send before the public a book without a preface would be a thing far more extraordinary than to put before the same public a new play without a prologue. Custom, which rules *every action* of our daily life, cannot be entirely disregarded in such an affair as this, otherwise I would condemn it, as my little book is entirely independent of a herald—every page of it at least speaking for itself, *foolishly* at times perhaps (“*Stultè nudabit animi conscientiam,*”) but always *honestly*.

The subjects so rapidly run over in the following pages—*Medical Reform* chiefly, and *Legal Reform* secondarily—cannot or rather *ought not*, suffer much longer delay in their execution now, when so many of the chief luminaries in both sciences are engaged upon them. But public opinion moves slowly in this country; and when it does advance apparently towards ready action, poor sentiment is often strangled by interest, or what is mistaken for interest, as the latter far more than the former is liable to be self-deceiving and deceived. Moreover all self-styled reformers are not sincere.

The ignorance, apathy, and folly of the multitude, and the interest and hypocrisy of the few, are by themselves the causes why we in Britain, with all our liberty, possess or suffer a

state of things which would shame in many respects the most despot-ridden people in Europe. How much this selfsame liberty is answerable for our corruption—*for corruption it is*—I will not say here, lest I draw down upon me the wrath of *Messieurs les Journalistes*, who are so powerful, and whom it is not my purpose to offend. But without this, if I can only succeed in drawing public attention—no matter how little—to practices which call loudly for extinction, I will consider that I have laboured not quite in vain.

THE AUTHOR.

November, 1876.

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CHAPTER I.

INTRODUCTION.

AMONG the many reforms demanded in this torpid country by philosophers, philanthropists, patriots, and politicians, those of law and medicine stand side by side—as undistinguishable in importance as the two Dromios were in appearance—in the first rank on the very front of the platform. A stranger from a barbarous land, coming here for the first time to gain a personal knowledge of our “civilisation,” would, in considering the number and magnificence of our hospitals and public charities in the metropolis and in our large cities, also the grandeur and number of our cathedrals, churches, chapels, and tabernacles—from the metropolis to the smallest hamlet—conclude that we were pre-eminently a religious, a moral, a law-abiding, and a humane and charitable people. But as he came to extend time and distance in his investigations he would find that, with all the depth of religious sentiment, apparent or real, which we show, we are still in many points as brutal, blood-thirsty, and immoral as the thugs of India; and as barbarous and inhuman as the King of Dahomey, who immolates his victims by the thousand; or as the Chinese, who deem it a high and holy religious rite to murder their infants. Our corrupt laws, and our still more corrupt administration of them, are directly answerable for this; for corrupt laws produce a corrupt people, and *vice versâ*.

With the laws bearing upon or affecting lawyers, it is not my present purpose to meddle. I shall leave both (lawyers and their laws) to the criticisms or the publications of some "honest attorney," or some conscience-stricken barrister, who, *after he has amassed a fortune in fees which he NEVER WORKED FOR*, shall publish his confessions and repentance, and his remedy (or rather prophylactic) for, the evil as it would affect succeeding generations.

Being a medical man, my present affair is with the doctors—law or any other "faculty," science, or art which I shall feel called upon to touch, shall be treated only incidentally, or so far as it has reference to, or overlaps my subject—the Reform of Medicine.

To those who accept the Hebrew account of the Creation and the Fall of Man (I care not to address myself to the intelligence of those who claim *their descent* from mollusca, tadpoles, fishes, reptiles, and gorillas), the *occurrence* of the thought is easy, that human sin brought into the world as its consequence not only human death, but human affliction and human misery, and infirmity also. The doctor's office then being to retard inevitable death, and to conquer disease, is truly highly ancient, highly noble, and highly holy. So necessary and so recognised was it through all time, that by all peoples its professors were, in the most remote ages, accounted and esteemed either as gods, or as having received their knowledge directly from the inspiration of the gods. Religion and medicine had thus in relation to each other a twin, or a conjugal association. To leave out of the account the Hebrews as well as "the Hindoos, the Arabs, and the Egyptians," I might hunt up authorities to prove that among the early Greeks and Romans, one of the gentlest of their deities was Apollo, son of Jupiter and Latona; and he was the god of prophecy, music, poetry and medicine. His son Æsculapius was the god of physic *also*; and he nevertheless—if possible to become more famous—was pupil to Chiron, chief of the Centaurs, and the son of Saturn. Aristotle and Pythagoras both were physicians—the former *chiefly* so, the latter *chiefly*

mathematician. But Hippocrates, besides being alike eminent in mathematics as the latter, was without doubt the chief physician of antiquity, although no claim is made for him of celestial descent. Moreover he was the precursor of Aristotle by at least half a century. So much for Greece.

Celsus and Galen appear to have been the chief physicians of the ancient Romans (but their god of medicine, in common with the Greeks, was Apollo also); the former was author as well as physician, and the latter improved his "inklings" of anatomy by dissecting cocks and hens, and asses. I hope I am correct in stating that he "operated" upon no living "subject;" but if he did, here is a fine plea and a forgotten one for the promoters and defenders of vivisection.

From the time of Galen till the commencement of the sixteenth century, or for about 1300 years, the "regular profession" of medicine made but little progress, either in invention or discovery, but the chief practitioners outside of Europe were the Arabians and Egyptians, and in Europe the monks, who— notwithstanding their alleged "laziness" and "ignorance"— did so much *generally* to keep alive the light of science (such as it was) in the "dark ages." The establishing of universities in the "middle ages" was a certain aid to medicine in this, that men of superior training and education must always take in facts quicker, and retain them *harder*, than the more ignorant and vulgar. But the sixteenth century was the golden era of medicine, if we remember the number and importance of the discoveries *then* made in anatomy and physiology, and the inventions which *flowed* from these discoveries. *During this century* Vesal, Falopia, and Eustachio, from their *abundant* dissections of the human body, built up, so to speak, our present system of anatomy. These were Italians, but genius, industry, and devotion claim no single country, no sole race, and to William Harvey, an Englishman, is due the discovery of the circulation of the blood. France is honoured in the possession of Ambrose Paré, the father of modern surgery. He invented the ligature to stop the bleeding vessels after ampu-

tation, instead of the rude and painful and inhuman practice of plunging the raw stumps into melted pitch—which was the method up to his time. Another Italian, Aselli, discovered the lymphatics; and thus with increased knowledge of the parts of the human body and their functions, the time came for the ancient systems to receive for ever their *coup de grâce*. In this very brief account of the history of the foundation of medicine it would be improper not to mention the name of Hunter (William and John), especially of John, “that great genius as celebrated for anatomy as surgery; his work on inflammation still forms the basis of many of our present views”—so says a recent author, Professor Billroth, of Vienna. Original thinkers—ancient or modern—always claim, and almost always receive, due recognition; but in estimating John Hunter’s merits we must remember that he was a traveller on the road of science fully two hundred years later than Harvey, Paré, and the others just mentioned. And the path of science, like every other path, becomes broader and smoother by increased traffic thereupon, and by due repair.

CHAPTER II.

UNIVERSITIES, SCHOOLS, AND COLLEGES.—LICENSES.

IN the “good old days” when mortals received instruction from, and were educated directly by, the gods, schools, colleges, and universities were unknown, neither were they needed. But as the human race became more learned or more wicked (which is sometimes the same thing), the gods gradually withdrew their patronage and their association: they did this because they either feared that men would become more learned than themselves, or that their own morals would suffer a deterioration from a familiarity with, and the example of, “poor human nature.” A period of reaction was the consequence, and this time is usually styled as the period of “ignorance and super-

stitution"—or the "dark ages." It is saddening to contemplate what might have been our condition to-day (*if the world existed at all*) if the *deputies of the gods*, namely kings and emperors, had not taken pity on the people.

"Emperors and kings," says Billroth (and quite as truly he might have added popes and bishops), "gradually took more interest in science, and founded universities." "A university," says a late lexicographer, "is properly a universal school, in which are taught all branches of learning, or the four faculties of theology, medicine, law, and the sciences and arts."

England, which counts in its history so many great things—great wars, great triumphs, great revolutions, and great crimes—can truly point to its greatness in this, that it possesses in Oxford the oldest university in Europe, or I might say the world. It was founded in 872, or 1004 years ago—about the time when the Normans so harassed France that Charles the Bald was forced to "buy them off" with money payments. And about the time when the same king received from Pope John VIII. the imperial crown at Rome—*upon whom (the pope), in recompense, Charles conferred the sovereignty of Rome.* Of the other three English universities, Cambridge is the oldest, and London (though it exacts a high standard of examination) and Durham are of our own day.

Of those on the Continent, Paris appears to claim next in age to Oxford, namely, 1205; Naples follows in 1224; Salamanca, 1243; Pavia and Padua, 1250; and Prague, 1348. In Vienna, Berlin, Heidelberg, Brussels, Zurich, &c., universities exist—the two former especially of acknowledged fame—but I am ignorant of their dates.

In Scotland, the University of St. Andrews *comes first in age.* It was founded in 1413, during the pontificate of John XXIII., the year in which Henry IV. of England died, *and left his crown to his son Henry V.* Glasgow follows in 1450—the time when Charles VII. of France, "in one year and six days," reconquered Normandy, and drove the English entirely out of France. That of Edinburgh was founded more

than 130 years later than Glasgow, or in 1582—when Gregory XIII. assembled at Rome the greatest astronomers of the time to correct the computation of our solar year. And the fourth Scottish university, Aberdeen, was founded about the time of the discovery of America by Columbus, or in 1494, when Pope Alexander VI. shut himself up a “prisoner” in the Castle of Saint Angelo, in fear of Charles VIII. of France, who was then invading Italy: and thus we see, by the way, how true the saying is, that history repeats itself.

Ireland, notwithstanding *its* boastings of richness in saints, scholars, and schools, is poor in universities. It now possesses two however, and, oddly enough, neither was founded by a pope, but *both* by women. The Queen’s University in Ireland was founded a few years back by our present Queen—hence its name; and Dublin University, or “Trinity College,” was founded in 1591 by her great and somewhat masculine predecessor, Queen Elizabeth.

So far at present for Universities; we turn for a brief period *now* to consider Schools.

Schools, though less ambitious than universities, are, with them, equally useful, while they are more ancient. Of schools in general I am not called upon to speak; and of the commencement of medical schools in Europe, I cannot do better than quote again from Professor Billroth. He says: “Under Trajan there was a special medical school. . . . Scientific institutions were much cultivated by the Arabians: the most celebrated was the School of Cordova; there were also hospitals in many places. The study of medicine was no longer chiefly private, but most of the students had to complete their studies at some scientific institution. This also had its effect on the nations of the West. Besides Spain, Italy was the chief place where the sciences were cultivated. In southern Italy there was a very celebrated school at *Salerno*; it was probably founded in 802 by Charles the Great, and was at its zenith in the twelfth century; according to the most recent ideas, this was not an ecclesiastical school, but all the pupils were of the

laity. *There were also female pupils who were of a literary turn: the best known among these was TROTULA.* Original observations were not made there, or at least made to a very slight extent, but the writings of the ancients were adhered to. This school is also interesting from the fact that it is the first corporation that we find having the right to bestow the titles ‘Doctor’ and ‘Magister.’”

I have made the above quotation for a specific purpose: first, it will be observed that the woman’s rights question, so far as the cry for female doctors goes, is not a new one, notwithstanding that, among other reasons urged against it, it is declared to be an “innovation.” Second, the titles “Doctor” and “Magister,” conferred on the “faculty” now only by the universities, appear to have been “usurped” or “appropriated” at some time by the said universities. But to both these “points”—especially the female doctor question—I shall take occasion to return again—“*if I have time.*”

From the brief outline just given of the rise and progress of the medical art, it will be seen that the instruction or professional training of physicians down to the fifteenth century at both universities and schools, was chiefly of the philosophical kind—or a better word perhaps is theoretical, in correlation to or distinction from practical. And yet, so early as 1229, an edict was published by the Emperor Frederick II. that those of the “located” branch of the “regular practising physicians” should, after completing their curriculum (the first part of which was “philosophy and philology” for three years, and the next medicine and surgery five years), “practise some time under an older physician” before they received permission to practise on their own account. These “located physicians” were—like their legitimate descendants or successors in the profession of to-day—undoubtedly respectable: the greater part were “Doctor” or “Magister.” But of the others, or, the “travelling doctor” branch, they appear, from the description which has reached us, to have been for the most part a rare lot. How *unique*, how worthy, and how strikingly similar to the

race as *now extant*, let the same historian (Billroth) explain:—
“There were many ‘travelling doctors,’ a sort of ‘travelling student,’ who went through the market-towns in a waggon with a merry-andrew, and who practised solely for money. This genus of the so-called charlatans, which played an important part in the poetry of the Middle Ages, and is still gleefully greeted on the stage by the public, carried on a rascally trade in their day; they were as infamous as pipers, jugglers, or hangmen; even now these travelling scholars are not all dead, although in the nineteenth century they do not ply their trade in the market-place, but in the drawing-rooms, as workers of miracles, especially as cancer doctors, herb doctors, somnambulists, &c.”

So much at present for one “arm” of the profession—namely the physician, “regular and irregular.” A few words now upon the other arm—the surgeon. The art of surgery from its first institution, until almost the present hour, appears to have filled, and to have claimed a less elevated platform than that of the “pure physician.” This is at least somewhat remarkable, in view of the qualities necessary to make up a “pure surgeon,” and in view also of his highly useful office. In the practice of his profession the physician has generally time to think—if the time be only never so brief. The surgeon, upon the other hand, has often but a single instant to “come, see, and conquer”—or be conquered. Knowledge and judgment he must possess, in a high degree, in making his diagnosis and prognosis; prompt he must be in his determination; cool, courageous, agile, skilful in his operation; and skilful and full of resource in his after-treatment. In short, the successful surgeon must be eminent as a physician also.

In olden times surgery was now and again practised by physicians—“located” or “travelling;” “still there were special surgeons, who united into guilds, and formed honourable societies. They received their practical knowledge first from a master, under whom they studied, and subsequently from books and scientific institutions.”

Surgeons, like physicians of the time, were divided into “located” and “travelling.” These latter were often known as “hernia doctors,” “operators for stone,” “oculists,” &c.

But still, and beyond these, the surgical faculty numbered the “bathers,” and later still the “barbers,” in its ranks. These “hangers-on”—I beg their pardon, our colleagues—were privileged by law to attend to “minor surgery;” that is, they could cup, leech, treat sprains, set fractures, reduce dislocations, bleed, &c. In this enumeration the attentive reader of Don Quixote will remember to what a “base use” Mambrino’s helmet was put by the barber-surgeon, until the chivalrous Don dismounted—I had nearly said *unhorsed*—the barber, and restored the helmet to its original office. And the proud “general practitioner” of our time, whose practice for the most part consists of cupping, leeching, blistering, treating sprains and fractures, extraction of teeth, and other parts of “minor surgery”—midwifery included—ought to feel humbled, if he does not, at the thought that, generations ago, ignorant men and women were “doctors” such as he.

From such crude beginnings arose the science and art of medicine, as we know it—each generation and each original thinker adding something to the general fund of knowledge. But the sixteenth century—especially the “Renaissance” period—was notably rich in discovery and invention, as already remarked upon. To meet the growing demand for professional culture, colleges were now established, as well as universities and schools.

The Royal College of Surgeons, Edinburgh, was the first of these established anywhere in all the realms of Great Britain and Ireland. It was chartered so early as 1505, or about three hundred years before its namesake in London.

In England, the need for duly qualified practitioners was so urgent that early in the reign of Henry VIII. the first attempt at founding a Faculty or College was made. I here append the earliest Act of Parliament I can find on the subject. It was passed in the third year of the reign of Henry VIII. (1511). Its title and text are as follows :

"An Act concerning Pheseacions and Surgeons.

"FORASMOCHE as the science and connyng of physyke [and surgie] to the pfecte knowlege wherof bee requisite bothe grete lernyng and ripe expience ys daily within this royalme exc'cised by a grete multitude of ignoraunt psones of whom the grete partie have no kind of insight in the same nor in any other kynde of lernyng some also ca'n* no lres† on the boke soofarfurth that cōmon artific's as smythes wevers and women boldely and custumably take upon them grete curis and thyngys of grete difficultie in the which they partely use socery and which crafte partely applie such medycyns unto the disease as be verey noyous and nothyng metely therefore to the high displeasure of God great infamy to the faculties and the grevous hurte damage and distruccion of many of the Kynges liege people most spally of them that cannot descerne the uncūnyng from the cunnyng; be it therfore to the suertie and comfort of all kind people by the auctoritie of thys p̄sent Parliament enacted that noo p̄son within the citie of London nor within vij myles of the same take upon hym to exc'cise and occupie as a phisicion [or surgion] except he be first examined approved and admitted by the bisshop of London or by the dean of Poules for the tyme beyng callyng to hym or them iiij doctours of phisyk [and for surgie other expt psones in that facultie] and for the first examynacion such as they shall thynk convenient; and aft'ward alway iiij of them that have been soo approved upon the payn of forfeytour for ev'y moneth that they doo occupie as phisicions [or surgeons] not admitted nor examined after the tenour of thys Acte of Vli‡ to be employed the oon half therof to th' use of our sov'aign lord the Kyng and the other half therof to any pson that will sue for it by accion of dette in which no wageour of lawe nor pteccion shalbe allowed. And ov' thys that noo pson out of the seid citie and p̄cincte of vij myles of the same except he have been as is said before approved in the same take upon hym to ex'cise and occupie as a phisicion [or surgeon] in any diocesse within thys royalme but if he be first examined and approved by the bisshop of the same diocesse or he beyng out of the diocesse by hys vicar gen'all either of them callyng to them such expert psons in the said faculties as there discrecion shall thynk convenyent and gyffing ther lett's

* Ca'n—know.

† Letters.

‡ Penalty £5 a month on unqualified practitioners on passing of this Act.

testimonials under ther sealle to hym that they shall soo approve upon like payn to them that occupie the cont'arie to thys Acte as is above seid to be levyed and employd after the fourme before exp̄ssed. Provided alway that thys Acte nor any thyng therin conteyned be p̄judiciall to the univ'sities of Oxford and Cantebrigge or either of them or to any privilegys g'anted to them."

The Royal College of Physicians, London, was thus founded; and it is yet the only corporation in Great Britain and Ireland that by a single diploma can confer on its possessor the power to practise all branches of the profession, namely, medicine, surgery, and midwifery. To the Act just quoted is attached a small schedule containing this clause:

"Memorand that surgeons be comprised in this Acte like as phisīcons for like mischief of ignorant psones p̄suming to exercise sourgerie."

But the "regular" practitioners or "leeches" having by this authority excluded their rivals, the "irregular" men *and women* from practising, they—more especially the "surgeons"—appear quickly thereupon to have become so greedy of blood (as their name, "leech," implies) that in the course of thirty years, and in the same reign, there was passed the following Act as an amendment; and as it never was repealed, *it is still law*. That these "leeches" took plentifully of the "life blood" of their patients I have little doubt, although history is not so minute on this point. But it would be highly insulting to the learning, dignity, and professional acquirements of our precursors or ancestors in the "art" in this country, to consider them less eminent generally than their "brothers" elsewhere in Europe, notably Spain, where the great Dr. Sangrado (or Sangredo) held sway, and did such wonderful things.

But the "bleeding" referred to so explicitly in 34 and 35 Henry VIII., chap. 8, is not taking the "life blood." It is, however, to many quite as dear a process—it is commonly called "pocket bleeding." Listen:—

“AN ACTE that persones being no cōen* Surgeons, maie mynistrer medicines outwarde.

“WHERE in the Parliament holden at Westm̄ in the thirde yere of the Kinge moste gracious reigne amongst other thinges for the avoyding of sorceryes, witchecraftē, and other inconveniēces, it was enacted that no psone within the citie of London, nor within seven myles of the same, shoulde take upon him to exercyse and occupie as phisician or surgeon, except he be first examyned, approved, and admytted by the bisshopp of London and other undre and upon certaine peynes and penalties in the same Acte mencioned; sithens the making of whiche Acte the companie and felowship of surgeons of London, mynding oonelie theyre owne lucres, and nothing the profite or ease of the diseased or patient, have sued troubled and vexed divers honest psones, as well men as woomen, whome God hathe endued with the knowledge of the nature kinde and operac’ion of certeyne herbes rotes and waters, and the using and mynistring of them to suche as been pained with customable diseases, as womens brestes being sore, a pyn and the web in the eye, uncoomes of hande, scaldinge, burninge, sore mouthes, the stone, strangurye, saucelin, and morfew, and such other lyke diseases, and yet the saide psones have not takin any thing for theyre peynes and coonning, but have mynistrer the same to the poore people oonlie for neighbourhode and Goddes sake, and of pitie and charytie; and it is nowe well knownen that the surgeons admytted wooll doo no cure to any psone, but where they shall knowe to be rewarded with a greater soome or rewarde than the cure extendeth unto, for in cace they wolde mynistrer theyre coonning to sore people unrewarded, there shoulde not so manye rotte and perishe to death for lacke of helpe of surgerye as dailie doo, but the greatest parte of surgeons admytted been muche more to be blamed than those psones that they trouble, for althoughe the most parte of the psones of the said crafte of surgeons have small cooning, yet they wooll take greate soomes of money and doo little therfore, and by reasone therof they doo often tymes impaire and hurte theyre patiente rather thenne doo them good: IN CONSIDERAC’ON wherof, and for the ease comforte socour helpe relief and healthe of the Kinge poore subjecte, inhabytante of his realme, now peyned or diseased, or that hereafter shall be peyned or diseased, be it ordeyned establisshed and enacted by thauctorytie of this pnt Parliament, that at all tymes from hensforthe, it

* Conen, cunning, for knowing.

shalbe lefull to everye psone being the Kinge subject having knowledge and experience of the nature of herbes rotes and waters, or of the operac'on of the same by speculac'on or practyse, within any parte of the realme of Englande, or within any the Kinge domynions, to practyse use and mynistre in and to any outwarde sore uncoom wounde appostemac'ons outwarde swelling or disease, any herbe or herbes oyntemente bathes pult'es and emplasters, according to theyre cooning experience and knowledge in any of the diseases sores and maladies aforesaide and all other lyke to the same, or drinckes for the stone strangurye or agues without sute vexac'on trouble penaltie or loss of theyre goods. The foresaide statute in the foresaide thirde yere of the Kinge most gracious reigne, or any other Acte ordinance or statute to the contrarye herof heretofore made in any wise notwithstanding."

To return to the history of the Royal College of Physicians: it was first chartered by Act of Parliament, 14 and 15 Henry VIII., chap. 5. This charter was further confirmed and amended in the first year of Queen Mary (1553). By this later Act "the presidente of the Colledge or Cōmonaltie of the Facultie of Physicke of London for the time being," &c. had power "to searche examine correcte and punishe all offendours and transgressours in the said facultie within the same citie and precincte, in the said Acte expressed," &c., and this by causing "the wardeines geylours or kepers of the wardes gayles or prisons," &c., to keep in confinement all such persons under penalty of double the fine imposed on the "offendours" themselves. Further it was by this Act confirmed that the warden of the grocers should assist physicians in searching apothecaries' drugs, &c., under a previous statute (32 Henry VIII., chap. 40). And lastly, justices, mayors, sheriffs, &c., were bound to assist the president in the due execution of these statutes.

Next in date to the colleges and faculties above named comes the Faculty of Physicians and Surgeons, Glasgow. It was instituted in 1599, by Royal Charter of James I. The Royal College of Physicians, Edinburgh, was founded nearly a score of years later, during the same reign. The historian of this institution thus says of it:—"The attempt to

incorporate the Practitioners of Medicine in Scotland, for the purpose of raising the standard both of the character and acquirements of physicians, originated in 1617. King James I. of England, to whom an application for that purpose was made, received it favourably, and issued an order to the Parliament for the establishment of a College of Physicians in Edinburgh." It was re-chartered in 1681 by Charles II., and again in 1861 by our present Queen. This college, from its first foundation under James I., had (similar to its kindred institution in London) the power of inspecting the apothecary and drug-shops in Scotland, and of destroying unsound or adulterated drugs found therein. But in the course of time this highly useful and not unnecessary office of the college was so neglected that it became lapsed.

The College of Physicians in Ireland was founded in Dublin in 1654, by Dr. John Stearne, Fellow of Trinity College; incorporated by Royal Charter of Charles II., in 1667; and re-incorporated by William and Mary in 1692, under the new title of "*The King and Queen's College of Physicians in Ireland.*"

The Royal College of Surgeons in Ireland is more modern than the last date by nearly a century. It was founded sixteen years before its namesake in London, or in 1784, when George III. was king.

By certain additional charters, and by special Acts of Parliament, all the Medical and Surgical Corporations of this (the united) kingdom already enumerated—universities included—came to possess the power of granting "licenses" or "degrees" in surgery or medicine. Moreover the Archbishop of Canterbury possessed the unique privilege of being able to confer the "doctorate" of medicine by the mere "imposition of hands" upon any man he chose—*litteratus vel illiteratus*. No matter if the chosen one had no more claim to the "dignity" than his Grace's secretary, butler, or coachman, he was still as welcome to it as Don Quixote's esquire was to his oft-promised governorship or episcopal see.

The corporations then being so numerous, and withal somewhat jealous mutually, and “qualifications” being so abundant, it was easy for a man to practise either medicine or surgery, or both, with any “qualification” or with *none*, anywhere in the United Kingdom or the Colonies. And as if to add to the general confusion in things medical, there was still another “order” in the “profession,” and two more Corporations which remain to be described, and which deserve at least part of a chapter to themselves.

CHAPTER III.

APOTHECARIES—PHYSICIANS—SURGEONS—GENERAL PRACTITIONERS.

ALTHOUGH at no time in the history of the “profession” in this country were its “regular” members reduced to the state of the clergy here in England in the seventeenth century as thus described by Lord Macaulay :

“A young Levite—such was the phrase then in use—might be had for his board, a small garret, and ten pounds a year; and might not only perform his own professional functions, but might also save the expenses of a gardener or a groom. Sometimes this reverend man nailed up the apricots, and sometimes he curried the coach-horses. He cast up the farrier’s bills. He walked ten miles with a message or a parcel. He was permitted to dine with the family, but he was expected to content himself with the plainest fare—till he was summoned to return thanks for the repast, from a great part of which he had been excluded.” Although at no time were the “regular faculty” treated in this manner, still there was a time when eminent physicians did not disdain to compound their own prescriptions. Gradually, however, through the pride of the physicians, *who regarded it as beneath their dignity to have any trade in drugs*, and through the encroachments of apothecaries (*in the*

Middle Ages an apothecary was the keeper of any shop or warehouse), a "new order of medical practitioners arose. This was the apothecary—half physician, half grocer or shopkeeper. Originally, as a druggist, called upon to compound medicines for the physician, the apothecary came after a time to hold the same place in "minor medicine" as his counterpart the "barber" and "bather" filled in "minor surgery." But before he came to be thus "recognised" he claimed, and obtained, a charter. The "Worshipful Society of Apothecaries" (as it was afterwards called) in London was chartered in 1616, by "letters patent" of James I. In the charter (which is recapitulated in 55 George III., chap. 194) each member of the corporation is described as being "brought up and skilful in the art, mystery, or faculty of apothecaries." They were further described as "then being freemen of the mystery of grocers of the City of London, or being freemen of any other art, mystery, or faculty, in the said City of London," &c. But as a fuller account of this same faculty is due, and shall be given elsewhere, we at present pass on.

In Ireland the apothecary by incorporation was a creation of much later date than his brother in England. The year 1791 brought him to the front. We have glanced at his *raison d'être* in England, namely, the pride of the physician who refused to have any trade in drugs, even so little as the supplying of his own patients with medicine. But besides this reason, there was perhaps another and a much better one in Ireland for calling him into being; and that is, the "troublesome state of the times" at that period. Among the native Irish, the "foreign" professor or member of the "regular" faculty was naturally in small esteem. It was equally "natural that the English settler should distrust the *leech* who gathered his medicines on the hill-side by moonlight, who invoked the fairies and consulted witches!" And thus for the want of patients on one hand, and the want of trust on the other, the profession languished. But in view of the disturbances abroad at the time, and the threatened disturbances at home, it is probable

that the Government, full of foresight, sought to establish a "factory" for "turning out," at small expense, "young doctors" for the army in Ireland, the same as at a later date "young doctors" for the army in the Crimea were "manufactured" from junior students and from hospital porters or messengers. In two countries of the British Isles we have now seen the apothecary established, or about to be established, as a "doctor," but in the third—Scotland—the English and Irish genus never had existence. An apothecary in Scotland to-day is simply a druggist and shopkeeper, as he was any time for the last 500 years. This is satisfactory at any rate in one respect, namely, that it reduces by *one*, the *score* of corporations that would otherwise have power to send out licensed members of the faculty. But as we still have *nineteen* such remaining corporations in Great Britain and Ireland (not to mention his Grace of Canterbury), outsiders at any rate will think that a solitary one, more or less, is not of much consequence.

Now, to the non-professional reader, the mere telling over of the various divisions and subdivisions of the whole faculty in this country, as represented by the nineteen corporations referred to (and to be again more minutely described hereafter), will be by itself sufficiently puzzling. But the whole group may be rearranged under three great classes, and these are:—
1. Pure physicians; 2. Pure surgeons; 3. General practitioners.

In England, for the last 300 years, the "pure physician" is one who practises medicine, or medicine and midwifery, and who has nothing to do with either surgery or pharmacy. In like manner the "pure surgeon," in the practice of his art, has nothing to do with either medicine or drugs. He cures (as his title implies) by manipulation as much as possible, and when "physic" is required, he (sometimes in consultation with the physician and sometimes without) sends his prescriptions to the apothecary to be dispensed, the same as does the physician.

This brief description of the "pure physician" and the "pure surgeon" will convey to the most inattentive reader—and for

the others I apologise to them for anything like tautology in this narration—that both these individuals bear the same relation to the third order of the “regular” profession—the general practitioner—as the barrister in England and Ireland, and the advocate in Scotland, bear to the “lower order in law.” True it is that the occasions are rare in which either member of the “healing faculty” receive their five hundred or their thousand guineas “honorarium” for services, no matter how “priceless.” True also that no peerage and no pension console the *otium cum dignitate* of the meridian, or of the climacteric period of the great men in medicine—as the great men in law are so rewarded and consoled—although occasionally the “lower order of nobility” is opened to a doctor. But the doctor’s office is too much *cosmopolitic* (if I may be allowed the word) to allow him to be the state-monger’s partisan; and while his office often is to attend to the physical constitution of kings, popes, and governors, he is seldom consulted as to the constitution of kingdoms themselves, and he never helps to mend, make, or unmake a government. Thus while his honours and rewards are less than the lawyer’s, let us hope his general services to humanity are at least as valuable as the other’s. At any rate to be eminent as a “pure physician” or a “pure surgeon” in the great metropolis of this kingdom is even pecuniarily no “bad thing;” for such a man often counts his annual income by tens of thousands. Such being his position and his pay, it is plain that outside the metropolis (the original home of the genus) his abodes are not very common. Traces of his existence are found in few places generally through the country, which number less in population as a town than 40,000 or 50,000—this, with an abundant surplusage in country consultations, will always keep him in moderate opulence as a “country gentleman.” Now, from this summary of the great man’s history, it is somewhat clear that even in large towns, only the very wealthy and the very poor can have the benefit of his advice and treatment. The first have access to him through the *metallic key*, which opens almost every portal—

natural and supernatural; the claims of the second are those of suffering humanity, and they have their "claims allowed." But the very wealthy and the very poor of the chief towns in the kingdom form only a small per centage of the entire population of the country; who, therefore, attends to the medical and surgical wants of that great multitude commonly called the people? The people's doctor, if he be a "regular" member of the faculty, is of the third "order," namely, "the general practitioner" (who is physician, surgeon, apothecary, all in one), and if he belongs to any "irregular order," Billroth's description of his great ancestor, or prototype, in the Middle Ages—namely, "as infamous as pipers, jugglers, or hangmen"—will fit him as accurately as if made for himself specially but yesterday. But neither is the man whose domain is so wide, and whose services are so useful—the general practitioner aforesaid—free from certain blemishes of his own. If he can be only made to see and to correct them; and if "foreign interposition" will correct the "eclectics," the "peripatetics," or the "travelling" men, the result will prove more happy than its anticipation is at present hopeful.

CHAPTER IV.

PAST LEGISLATION.

AFTER expressing my opinions, I shall leave to philosophers, or to political economists, to decide what claim any country can have to the title "civilised," in which members of the three "recognised" learned "professions"—divinity, law, medicine,—and I will add a fourth, the schoolmaster—are not all duly and severally qualified for their respective offices. In this country the state and the sects, between them, regulate the faculties of the clergy. The lawyers—*ever with a keen eye to business*—regulate their faculty so well that an unlicensed—I had almost, in error, said "*irregular*"—practitioner in either

“order” among them is impossible. The nation now, and most properly, is doing its best to control the teaching faculty. It is only amongst the doctors (and among these chiefly the general practitioners) that there is found no order, and no organisation. The deterioration of the public health, and a high death-rate among the mechanical and the labouring classes of the country, is the consequence. True, the general death-rate now is a small per centage lower than it was say half a century ago. But it is humbling to think what it might be but for the investigations and discoveries—and the preventive measures flowing therefrom—of *true philanthropists*, men of high place in the medical profession, who devoted, and devote, time and health, and *sometimes life*, not to the cure only, but to the “stamping out” the very germs of disease. Can the lawyer point to anything done by his profession tending to “stamp out” the tendency or the necessity of our masses to use his faculty?

But to return to my proposition—“the deterioration of the public health, and a high death-rate among the mechanical and the labouring classes.” With all the care, and all the beneficial legislation, bestowed on that great power, *the working man*, in recent years, his average life and health bear no proportion to the care—in prolongation of the one or improvement of the other. Factories, workshops, mines, are now all ventilated—ventilated in Parliament—ventilated in themselves. Hours of labour have been shortened—are in some callings much shorter than formerly. Dwelling-houses are now much improved for the working man—in large cities only is such a thing as “overcrowding” known. Parks have been made for his special amusement and recreation; mechanics’ institutes and reading-rooms, and penny and halfpenny newspapers for his amusement, information, and cultivation. Flower-shows are established for his amusement, and instruction in the art of producing food. Saloons and music-halls are constructed for his pastime, delectation, and instruction in other “mysteries.” Pleasure trips by land and sea are “organised” for his amusement, restoration, and preservation. Better food and *plenty of drink* are secured

to him through increased wages on one hand, and the action of Parliament on the other in establishing an Adulteration, and in *qualifying* a Licensing Act. And further, he shares in common with all the rest of the population, whatever blessings flow from the "capping of the edifice" by the Public Health Act. Lastly, his spiritual welfare is not *now* neglected—in view of the interest taken in the affairs of his soul by theologians in general, from bishops down to "sisters" of various kinds, evangelisers and tract distributors. In view of all this—I am sorry to have to repeat it—the working man's and his children's life, health, and happiness, are not proportionably improved. For this, the reasons are :—first, his own slothfulness, ignorance, intemperance, avarice; second, the ignorance, inefficiency, selfishness, and dishonesty of his "doctors;" third, the criminal apathy and carelessness of the state—namely, the Government and both Houses of Parliament. The first two reasons of these will be detailed at length farther on; the third may be fittingly and shortly stated here.

When a statesman or member of parliament—peer or commoner—is himself ill, he takes care that his doctor or doctors are duly qualified, and of proper skill. His education and reason urge this, and his position claims it; for when *any man* reaches the legislative rank his income is *somehow made up* to square with, and to support the dignity. And thus he is enabled to seek, and excused for calling in the "highest" skill he can obtain, even though he runs "long bills" now and then, and occasionally seeks assistance in "*liquidation*" of same by certain legal but rather "shady" processes. Such being the lawgiver's rights and privileges, he is supremely indifferent as to who shall attend in their illnesses (who helps to bring into the world, or who sends out of it) the sum total of his "enlightened constituency." One reason, and perhaps not a bad one, of this indifference of his, is that he not unnaturally supposes each man, woman, and child arrived at the "years of discretion," among them, will individually, think and care as much for his or her health as he does for his own. But a little meditation

here would—or ought to—drive that delusion from his brain. Every man and woman (not to speak of children) has not the same education and the same common sense as a member of parliament—small as both education and common sense are sometimes found to be in the possession of even members of parliament.

But it has happened before now—either through a philanthropic feeling inside the “House,” or the pressure of a public feeling outside, or a combination of a modicum of both—that some measure of legislation on medical affairs was deemed necessary. Accordingly, twice within fifty years of the present century—namely, in 1815 and 1858—laws designed to regulate the profession were passed. By this I mean *principal laws*, for the subsidiary laws passed since 1815, and still passing, are numerous. The Act of 1815 (55 George III., chap. 194) is commonly known as the Apothecaries Act. The Acts of 1858—the chief of which is 21 and 22 Victoria, chap. 90—are commonly called the Medical Acts.

The title of the Act of 1815, which is :—“An ACT *for better regulating the practice of Apothecaries throughout England and Wales*,” is of itself sufficient to show that its purpose was to regulate the qualification and the practice of the general practitioner in medicine only, for with the higher orders—the pure physician and the pure surgeon—it did not meddle. Without doubt some measure of legislation was required at the time, from the number of “irregular practitioners,” or, as expressed by the statute of Henry VIII., “Common artificers as smiths, weavers, and women,” who invaded and usurped the “profession.” The Apothecaries’ Act was designed to stop this usurpation, and that it was not made a better Act, is due to the “narrow-minded” policy of the Royal College of Physicians, London.

As before explained, the “people’s” doctor is necessarily the “general practitioner.” He is always accessible, and his fees square with their means of payment. None among the “people,” and but few among the better middle classes, can afford to pay

upon every occasion a guinea to a "pure physician" for advice, and then pay the apothecary for making up and supplying the medicine. The by-laws of the Royal College of Physicians did not permit any fellow or member of this corporation to dispense his own prescriptions in any case; and yet the wants of the people demanded a cheap doctor, a legally qualified doctor, and a moderately efficient doctor. In this difficulty, it was equally the policy and the duty of the College of Physicians either to amend their by-law or to comply with the offer of the Government to license all existing apothecaries to practise as the "people's doctor."

The College of Physicians met all the overtures of the Government in this direction with a *non possumus*; and thus the name of apothecary is now a "recognised" word in the medical vocabulary of the country; but if the College of Physicians possessed more liberality and more sense, the word as applied to a medical man would have been then and there utterly "wiped out."

Upon the Act of 1815 becoming law, a general practitioner in England and Wales was he who held the certificate of the Apothecaries Company and the diploma of the Royal College of Surgeons, London, also. By the one he was enabled to practise medicine and pharmacy; by the other, surgery, and midwifery fell in of itself somehow between the two.

The practice of medicine means to visit and to prescribe for patients suffering from purely medical ailments, such as fevers, affections of heart, lungs, liver, brain, kidneys, &c.,—internal diseases generally. The practice of pharmacy meant the power to dispense his own prescriptions and the office of dispensing or compounding physicians' prescriptions also. Moreover his privileges were further, if he so chose, to keep an open shop for the public sale of drugs to the people in any quantity. The apothecary had no faculty in surgery, which is, the treatment of injuries or diseases by manual operations generally. Thus all external wounds (and those internal by penetration), bruises, dislocations, and fractures of bones, &c., are surgical. Surgery,

also, is all operations with cutting instruments for the repair of diseased or injured parts, or the suppression of redundant ones. Thus amputations and the capital operations for stone, hernia, aneurism, &c., among the one, and the removal of tumours or deformities in the other.

Like to the apothecary who had no faculty in surgery, the mere surgeon had no faculty in medicine, but he had power to supply medicines to his own (surgical) patients when they required such, over and above the operations just mentioned.

From this outline it will be seen that the apothecary was one-half of a full medical man, and the surgeon the remaining half. Both together made the "general practitioner," whose remaining function, midwifery, explains itself by the mere title.

To obtain the license of surgeon, certain periods of time—usually called sessions—taken out of a full period extending over a greater or less time according to the by-laws of each college—had to be spent by the student at some university, school, or hospital to which a school was attached—in the study under masters, professors, or lecturers, of anatomy, physiology, and surgery. Anatomy and surgery were studied systematically and practically. For besides dissections, the student, during his course, had to attend a certain number of months at some large public hospital to gain a knowledge of practical or clinical surgery from some great master in the art. Having finished his curriculum the student had to present himself for examination before a court of examiners, and, if found competent, he then received his license; but, if rejected, he was returned again to his studies for a longer or shorter period, before being again eligible as a candidate, and this for any number of times.

The course of study of the apothecary was in part identical with that of the surgeon, and in part different therefrom. Anatomy and physiology, both had to learn in common; but instead of surgery, the apothecary had to receive instruction from professors or lecturers in the practice of medicine, in midwifery, and in *materia medica*. Like to the surgeon, he had

also to “walk the hospitals,” but in the medical wards alone his “walking” was done.

At the end of his curriculum he went through the examination process for his licence the same as the surgeon did. Over and above this he had (concurrently with his curriculum or anterior to it) to serve an apprenticeship of *five years to some other apothecary*, in learning practical pharmacy—that is, how to mix, dispense, and sell drugs. His general education too was expected to be superior to the surgeon’s: for the latter at that time and since, till within a score of years—at least, in England—could qualify without having to undergo an examination even in the English language. But the former had, at least, to know as much Latin as would enable him to read, and to compound physicians’ prescriptions; for these great men always conveyed their most minute instructions, to the vulgar, through the apothecary, in the Latin tongue.

All this learning cost money as well as time, and the money was no small sum. The master apothecary generally charged the apprentice a fee of £100; and the hospital and school fees of apothecary and surgeon as a student, ranged from another £100 to £150 or more, not to mention the fees for diplomas at the end of his course, or the money for board, clothes, books, instruments, and *et ceteras*, during this course. In short, the singly qualified man might be content if he accomplished his part at a cost of £300 to £500; and the doubly qualified his whole, at from £500 to £800.

And now for the question of remuneration in return for the general practitioner’s time and money spent in learning his profession.

In fixing tithes or other forms of support (voluntary or involuntary) for members of that most spiritual and consequently least earthly of all the professions, namely, the clergy, it is urged from Scripture that “*the labourer is worthy of his hire.*” All men, from the labourer upwards, quote this admitted truth when their *own* wages is the question, and yet it is only doctors that the general public pay so grudgingly—if many of them ever pay at all.

In view of difficulties arising about payment, the Apothecaries Act made provision for the recovery of apothecaries' charges, but yet it omitted to fix the charges themselves. That *genius* called custom, or some other strange person at sometime, fixed the ordinary charge of an apothecary for a "visit" at five shillings; and this charge often included medicine as well. But it must have been some spiteful attorney in Parliament, or some mean fellow there who should have been an attorney outside, that "fixed" the apothecary's "honorarium" at that sum, on purpose.

We have just seen the length of time, the course of study, the expense, the different branches of knowledge required to make an apothecary. But we have left out of the calculation one *not* unimportant item—the risks to his life. While an apprentice the risk was from a sudden death *by poison*, or a violent death at the hands of some relation of *some one poisoned*. While "walking the hospitals" as a student the risk was from *contagion or infection*. And while going through his course of practical anatomy—before the time of the Anatomy Act, and before the days of Burke and MacDougall in Edinburgh, and of Bishop and Williams in London—when each student had to provide his own "subject"—the risk was from being "bludgeoned" or shot while practising the "resurrection" business or while "kidnapping."

The attorney, whose risks were none of these, whose general education was at least *no better*, and whose special education was much more limited than the apothecary's, charged his six and eightpence for his "opinion," or for his "bit of paper," but with lawyer-like consistency practised every "dodge" to help his client to cheat the poor apothecary out of his miserable wages for—it might be—saving the life of the still more miserable patient.

Nor were barristers or county court judges more just to the apothecary than was the lower limb—the attorney. Little more than a dozen years ago—if so many—a county court judge refused to allow an apothecary who had travelled seven English

miles late at night in the country, *and in the rain*, and seven miles back, and who gave medicine which was admitted to have saved the patient's life—refused to allow him half a sovereign for his reward. I wonder how he would like such payment for his own work.

But to return to the effect of the Act upon the profession—"regular" and "irregular." Now that the general practitioner was made and confirmed by Act of Parliament, the said Act was far more liberal to immature apothecaries than the College of Physicians would prove itself to be to the perfect genus. The Act allowed all persons actually in practice as apothecaries before 1815 to remain so, whether qualified or not. But all persons not qualified under, and not so exempted by, the Act, were (*and are, unless qualified under the Act of 1858*) liable, for practising as apothecaries, to a fine of £20. *Unqualified assistants to apothecaries were, AND STILL ARE, liable to a fine of £5.* I make a present of these hints to some *chevalier d'industrie*, whom, by proper working, it will supply in funds more abundantly than would the vulgar trade of picking pockets, although inferior to the somewhat aristocratic trade of "floating bubble companies." In any case to become an amateur public prosecutor, until the advent of the "real man" is more honourable, more legal, and more safe than sometimes is either of the "trades" just mentioned.

This penal legislation caused an improvement in the profession for a time. But no human law is perfect; no human scheme complete. The very "irregular" men, such as bone-setters and herb-doctors, soon laughed at the Act, neither of them being comprised in it. On the contrary, herb-doctors have authority, in spite of it, under 34 and 35 Henry VIII., chap. 8; and bone-setters, by using "herbes, rotes, and waters" in their "art," and by calling fractures something after the phraseology of this Act, may be covered by it also—that is, if these persons practise *only for "Goddes sake, and of pitie and charytie."* But when "mynding oonlie theyre own lucre" like the surgeons, that is, *taking money*—and often not small sums of this, but "greate soomes"—for no relief but

much injury to the patient, I think that even this Act would not protect them.

Besides these very "irregular" practitioners, native or foreign, there was another order, entirely foreign, but less "irregular." This order, large in numbers, was made up of Irish and Scottish practitioners, *chiefly the latter*—who, although severally and regularly qualified to practise medicine, or surgery, or both, in their own country, had in England no legal standing. They stood, in fact, before the law of the country, on the same level with the "smiths, weavers, and women" who did not "know the letters on the book," and who practised in King Henry's time, or with the "pipers, jugglers, or hangmen" of Billroth.

To relieve these persons, and to give them a legal position, to inform the public what practitioners were duly qualified, to suppress the others, and in short to elevate generally, in public respect and self-respect, in intellect and morals, the regular profession, was the design of the Act of 1858, which is known as the *Medical Act*.

It may serve to shorten my description of it if I give here, in its entirety, one of its clauses:—

"Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: Provided always, that it shall be lawful for any college of physicians to pass a by-law to the effect that no one of their fellows or members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such by-law may be pleaded in bar to any action for the purposes aforesaid commenced by any fellow or member of such college."—Clause XXXI.

This interpreted means that any or all registered holders of British or Irish qualifications can practise not only in the

country in which they obtained them, but in "any part of Her Majesty's dominions" also, that is, can practise (and sue, if necessary) according to qualification or qualifications. Thus a surgical licence enables its possessor to sue for surgical attendance and medicine in surgical cases; a licence in medicine for attendance and medicine in medical cases; and a licence in both, for attendance and medicine in either or both medical and surgical cases. To this general statement there are, however, two exceptions—One is expressed in the clause; the other understood. The one expressed is where any college of physicians has passed a by-law which prohibits its fellows or members from suing at all; the one understood is where any college of physicians by its by-law will not permit any fellow or member to dispense his own prescriptions. But in the absence of these by-laws the Act has in every case mentioned full force.

But I am here reminded of the truth of the Shandean philosopher's wise remark that—"there are readers and readers." The first anticipate a story-teller, and know beforehand what he is going to utter; the others, after he has taken pains to deliver himself, know no more of what he has said than does—*the sole of his foot*. For the benefit of these dull people (if I dare call anybody dull in this generation), I will repeat in a sentence or two, what was one of the chief aims of the Medical Act.

Until the Act of 1858 became law, no licentiate in medicine or surgery could practise legally in any part of Great Britain or Ireland, unless he possessed a licence or licences of the country in which he practised. Thus an English licentiate could not legally practise in Ireland or Scotland. An Irish licentiate was similarly restrained in England and Scotland. And a Scottish licentiate could not practise in England or Ireland. The Medical Act changed all that, and allowed any or all of them to practise anywhere in the Queen's "dominions," "according to qualification or qualifications." Besides it confirmed and enlarged the provision made in the Act of 1815, to allow persons in practice before that date to remain so.

In its conception then, and in its principle, the *Medical Act* was a grand Act. It has some serious defects, however, but with a few trifling amendments, and additions here and there, and with the creation of a public prosecutor in England and Ireland, and his improvement in Scotland (*which country always had him*), the *Medical Act* could be made to be in its scope and operation *all that is needed*.

To superintend the working of the Act generally, to see that candidates for licences, and also Boards of Examiners were duly up to "regulation mark;" *but especially to attend to the MONEY QUESTION*, a corporation was named by the Act, and formed under it by the name of the GENERAL MEDICAL COUNCIL. The duties of this BODY, in regard to the *money question*, were to receive registration fees, penalties, &c., and to invest these *as they pleased after disbursing a sufficiency thereof ON THEMSELVES by the approval of THEMSELVES and "the Commissioners of Her Majesty's Treasury."* I append here the clauses which called this BODY into life, and I also append some of the clauses directing it in the administration of its office.

"III. A council which shall be styled 'The General Council of Medical Education and Registration of the United Kingdom,' hereinafter referred to as the General Council, shall be established, and Branch Councils for England, Scotland, and Ireland respectively formed thereout as hereinafter mentioned."

"IV. The General Council shall consist of one person chosen, from time to time, by each of the following bodies (that is to say):—

"The Royal College of Physicians; the Royal College of Surgeons, *England*; the Apothecaries Society of *London*; the University of *Oxford*; the University of *Cambridge*; the University of *Durham*; the University of *London*; the College of Physicians of *Edinburgh*; the College of Surgeons of *Edinburgh*; the Faculty of Physicians and Surgeons of *Glasgow*.

"One person chosen, from time to time, by the University of *Edinburgh*, and the two Universities of *Aberdeen* collectively.

“One person chosen, from time to time, by the University of *Glasgow* and the University of *Saint Andrews* collectively.

“One person chosen, from time to time, by each of the following bodies :—

“The King and Queen’s College of Physicians in *Ireland* ; the Royal College of Surgeons in *Ireland* ; the Apothecaries’ Hall of *Ireland* ; the University of *Dublin* ; the Queen’s University in *Ireland*.

“And six persons to be nominated by Her Majesty with the advice of Her Privy Council, four of whom shall be appointed for *England*, one for *Scotland*, and one for *Ireland*, and of a president to be elected by the General Council.

* * * * *

“XII. There shall be paid to the members of the Councils such fees for attendance, and such reasonable travelling expenses, as shall from time to time be allowed by the General Council, and approved by the Commissioners of Her Majesty’s Treasury.

* * * * *

“XLII. Any sum or sums of money arising from conviction and recovery of penalties as aforesaid, shall be paid to the treasurer of the General Council.”

“XLIII. All monies received by any treasurer arising from fees to be paid on registration, from the sale of registers, from penalties, or otherwise, shall be applied for expenses of registration, and of the execution of this Act.

“XLIV. The Treasurers of the General and Branch Councils shall enter in books to be kept for that purpose, a true account of all sums of money by them received and paid, and such accounts shall be submitted by them to the respective General Council and Branch Councils at such times as the Councils shall require ; and the said accounts shall be published annually, and such accounts shall be laid before both Houses in the month of March in every year, if Parliament be sitting, or if Parliament be not sitting, then within one month after the next meeting of Parliament.”

For the due consideration of the chief points in these clauses, and of other points to be found elsewhere, I shall, after quoting schedules (A) and (B) to this Act (they express what persons are entitled to be registered), commence a new chapter.

“SCHEDULE (A).

“1. Fellow Licentiate, or Extra-Licentiate, of the Royal College of Physicians, London.

“2. Fellow or Licentiate of the Royal College of Physicians, Edinburgh.

“3. Fellow or Licentiate of the King and Queen’s College of Physicians, Ireland.

“4. Fellow or Member, or Licentiate in Midwifery, of the Royal College of Surgeons, England.

“5. Fellow or Licentiate of the Royal College of Surgeons, Edinburgh.

“6. Fellow or Licentiate of the Faculty of Physicians and Surgeons, Glasgow.

“7. Fellow or Licentiate of the Royal College of Surgeons in Ireland.

“8. Licentiate of the Society of Apothecaries, London.

“9. Licentiate of the Apothecaries’ Hall, Dublin.

“10. Doctor, or Bachelor, or Licentiate of Medicine, or Master in Surgery, of any University of the United Kingdom, or Doctor of Medicine granted prior to passing of this Act by the Archbishop of Canterbury.

“11. Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom, before the first day of October, 1858, who shall produce Certificates, to the satisfaction of the Council, of his having taken his degree of Doctor of Medicine after regular examination, or who shall satisfy the Council, under section forty-five of this Act, that there is sufficient reason for admitting him to be registered.

“SCHEDULE (B).

“Declaration required of a person who claims to be registered as a Medical Practitioner, upon the ground that he was in practice as a Medical Practitioner in England or Wales, before the first day of August, 1815.

“TO THE REGISTRAR OF THE MEDICAL COUNCIL.

“I, _____ residing at _____
in the County of _____ hereby declare
that I was practising as a Medical Practitioner at _____
in the County of _____ before the first day
of August, 1815.

“Dated this

(Signed)
day of

[Name.]
185—”

CHAPTER V.

PRESENT POSITION.

MOST reforms by legislation in this country produce, at any rate while under preparation or discussion, more or less public excitement. The *Medical Act* produced none at all. It passed through both Houses of Parliament and received the Royal assent, in almost utter stillness. No pitched battles and no overthrow of a Government, like the Irish University question, did it occasion. No zealous and overworked supporter "got up" any "scene" over any part of it. There was no objectionable "twenty-fifth clause" in it to divide and sub-divide any of our great parties in the State, and by the consequent "block of public business" to render an almost "barren Session," still more unfruitful. As a further proof of its *harmless* nature, the ever vigilant and ultra loyal people saw no trace of Pope, or Jesuit in it, and kept for the time a discreet silence. Even these great creators of public opinion, the newspapers, saw in it "only a doctor's question," and nothing to interest the people, and held their peace. But if indifference awaited it from without, within the profession it had its share of attention. Before the Act was prepared and before anything was done in Parliament, it was felt that in the profession things were so bad that worse they could not be, and therefore any law, or any interference, must have a good effect. To produce this good effect, the doors of the profession should be better guarded than they were, and this at the very outset any law was certain to do.

During the course of a not remote and ever-memorable trial, a certain man when under examination, and asked to translate *Laus semper Deo*, set the court "in a roar" by answering, "*The laws of God for ever.*" His definition of a quadrangle was equally if not more unique than this, and yet,

among all his *claims*, he did not claim to be a doctor! But if his experience of doctors had been as wide as other people's, he might, and not unsuccessfully, have claimed the profession also, that is if such a claim was necessary for his purpose. Doctors, so ignorant, have ornamented the profession within these thirty years, that they could not "work" all the simple rules of arithmetic, although they made a "shift" now and again at "multiplication" and "division." Nor could they spell correctly some words of only one syllable in the English language, not to mention any other language, either "living" or "dead." As to how they ever obtained a diploma is a mystery known only to themselves and their examiners (always putting aside the question of personation at examinations). But in the "good old days" before the *Medical Act*, diplomas were not hard to get. Among general practitioners, those qualified within at most these fifteen years know the full value of such a thing.

Before the Medical Council by means of the Act made it a necessary condition that a "young doctor" should undergo a prescribed examination in general education before he became a medical student, anybody could be a medical student, and almost anybody could be a doctor. The number of medical schools abroad through the country was a temptation to scholars; and the number of bodies having power to give diplomas, and with nothing but their own interests to regulate them, proved a temptation to themselves, and to each other. This general statement is of easy explanation. Competition, which in commerce cheapens every article, had its natural effect in the diploma trade as in every other. It worked thus: An uneducated man entered some British university or medical school as a medical student, without any matriculation inquiry. He finished his curriculum at college and hospital, and then presented himself for examination. In those days the examination itself could not be a very searching affair, when at many places the time taken up by it was exactly one hour *viva voce*, upon everything. While an hour's conversation, or

less, with a man is often amply sufficient to show that he knows something, an hour's conversation is not always sufficient to show that he knows nothing. Thanks to assistance from an enterprising and very useful gentleman sometimes called a "coach," at other times a "grinder," a very ignorant man might sometimes spend an hour, very agreeably, under examination by very learned men, and if he had a modicum of natural tact as well, might finish by being complimented upon "all he knew." But if his ignorance was discovered, there was still this question which the examiners turned over and considered in private among themselves: He is very ignorant, certainly, but if we reject him, he *will* get through *somewhere else*, and we may as well have the honour of admitting him as the others. Besides, he does not know enough to be either *dangerous* to the people or *hurtful* to the profession. Such reasoning as this often settled the matter, and one more doctor was "let loose upon the public." But if he was so utterly ignorant that it was certain no Board would "pass" him, he was told to return to his studies for another three or six months, and then come up again. Along with this intimation his examination-fee was handed back, minus two or three guineas retained for the trouble of his examination; and when all this process was repeated twice, thrice, four, or six times, he finished by being admitted at last, unless he was singularly unlucky as well as ignorant; or unless in the meantime he had "passed" into some other calling, or into another world. But if he felt disgusted at the harsh treatment he received upon his first or any other appearance at examination, he never again returned; and if *his soul was in his profession*, and he had a moderate command of wealth also, he purchased for a few pounds a ready-made degree of "Doctor of Medicine" from some German or American "university," by which he practised, and upon the possession of which he plumed himself.

This was the round-about way of entering the profession, and was only travelled by those persons *conscientiously* desirous of becoming doctors. For the less scrupulous there

was another way—a Royal one. This way needed no training at all—preliminary or other—in the candidate, but by it he achieved the profession at a single bound. For example, a man might be a tailor, smith, weaver, sailor, grocer, travelling merchant, ale-seller, miner, mason, joiner, or of any other useful handicraft to-day, and to-morrow he would be or could be a doctor! To be one he had only to call himself so, something after the fashion of the crazy knight of La Mancha, but altogether unlike the latter in this, that the great British public took the self-styled doctor at his own account of himself, instead of classing him as a knave, fool, or madman, or a compound of all three. Nor did he need a Philadelphia or German degree by which to title himself, unless he chose; although if he had a few pounds to spare he generally spent it in the purchase of this or some such worthless paper, by which he the more effectually mounted upon and rode the waves of popular favour.

Such as described being, in numberless cases, the learning, and the system and method of the general practitioner—"regular" and "irregular"—it was felt by thoughtful men that some measure of improvement was necessary. And this improvement was needed in the first place to protect the people from their doctors, and from themselves—that is, from their own ignorance and stupidity in not seeking, when health and life were concerned, the best skill their means could purchase. In the next place it was due to the properly educated and qualified general practitioner, to protect him from the injurious action of his always dishonest, and often homicidal if not murderous competitor.

But as already stated, outside of the profession the Medical Act was but little canvassed, and inside so much was hoped from it that the enthusiastic at least, fondly dreamed it would accomplish everything. How much it has done is nearly told already—how little still remains to be told.

With or upon the promulgation of the Act the different corporations began to arouse themselves. Clause XVIII. of the Act

gave power to the General Council to inquire "from time to time" from each and all of them the course of study, and the examinations required of all candidates for their licence. And Clause XX. empowered the General Council to report to the Privy Council all defects in the course of study and examinations demanded by any of the Corporations. Further, the Privy Council upon such report had power under Clause XXI. to suspend the right of such defaulting Corporation to have its qualifications registered. But upon "effectual provision" being made by the "College, or Body" "for the improvement" of its course of study and examinations, the Queen, "with the advice of Her Privy Council" might "revoke" the order of suspension.

The Corporations all, being thus put under the screw, gradually but effectually raised their standards, until at the present time they are nearly all equal; and no one can now become even a recognised medical student until he has passed a preliminary examination in general literature (Latin, Greek, and French included) and certain sciences also, such as Geometry and Natural Philosophy.

With the influx year by year of a greater number of gentlemen into the profession, it must in time become what it ought to be—respectable; but to judge from the rate of progress made since 1858 in this direction, and also from the rate of progress made under the Act in the suppression of "irregular practitioners," few members of the profession at present living will behold in their day anything like a radical improvement.

If this is to be regretted—and it is—still it is not a complete evil. Violent revolutions always injure some interests and some people: gradual revolutions like the revolutions of the year injure nobody. But what is wanted in the profession is a progressive as well as gradual revolution; it cannot be annular, for in going round a circle we return to our original starting-point. A violent revolution, therefore, would sweep away a certain class of men called "*medical assistants*." A majority of these, no doubt, are about the most worthless

things living—more so, many of the creatures are *positively noxious*. But, on the other hand, there are many “poor gentlemen” among them—educated and honourable—and whom misfortune or their own imprudence has brought down so far as to be glad to serve men, sometimes inferior to themselves in breeding, education, and professional conduct. This medical assistant class is made up altogether of “irregular”—that is to say, unqualified—men. Most of them have spent some money and some time (if only a year) as medical students, but they, from certain causes, chiefly want of cash, have broken their curriculum. They form to-day, and always will form until their complete extinction, the chief difficulty of the high-class and honourable general practitioner. But to the general practitioner of *lower morals* these auxiliaries mean, to himself personally, *wealth, ease, and idleness*, and to his professional neighbours *insolence and injustice*.

As a rule the gentleman who crosses the threshold of the profession as a medical student remains a gentleman, whether he ever becomes qualified or not. To this rule, unfortunately, there are some exceptions, but they are not more numerous than to serve to prove the rule. But the person who is not a gentleman at the commencement of his studies never becomes such; nor can any number of qualifications or worldly success ever make a gentleman of him. To this rule there is *no exception*. With these general propositions prepare to view the following pictures.

Take first the youth of either limited or ample means, who pitches upon the profession of medicine not merely for a mercenary purpose, but because he views the office with a respect approaching to veneration, if not awe, at the same time that it offers to him a means of living respectable if not opulent. His early views of medicine run parallel to a zealot's upon religion. But unlike the zealot, where time and experience modify the views of the one, time and contemplation but exaggerate the views of the other.

This youth, as a child, almost adores a doctor, for upon any

occasion on which this learned man is called to the child's abode (but seldom, let us hope), this child regards it as a wonderful privilege to be allowed to exchange a word or two with the doctor's coachman outside, while the doctor is making his visit within. For if the doctor, in his childish mind, is the personification of all knowledge, the doctor's attendant must, from constant association with the doctor, come to possess of this no mean share.

Passing from "the wild freshness of morning" of the child to the youth at school, his first ideas of the doctor's vocation are but little altered, although of the doctor himself his early impressions are now not quite the same as when first formed. And at length coming to enter as a medical student, some of the chief emotions of his soul are touched to their very depths, when he sees before him what he must go through to learn his profession. Ye cool mechanical people, formed or schooled against surprise in any shape, restrain your contempt for him if at first he faints; nor with the gross expression of your grosser feelings insult his finer nature.

This is one class of the genus medical student; he of the class next to be described has little with him in common.

This other man of limited or ample means has also chosen the profession because it is respectable. But, moreover, it offers to be fairly remunerative too for his capital about to be laid out in gaining a stock of knowledge. Every shilling of this capital has been set down and added up—and a margin for extras allowed—with as much care as a contractor preparing a tender for a building or other piece of work, with a prospect of having to compete with many opposing contractors. This man is not with sentiment overladen. He counts the wear and tear required, in person and in purse, and makes up his mind accordingly. Though seldom, either as a student or practitioner, a "victim to science" by trying new and dangerous experiments—especially not on himself—he endeavours to learn as much of the knowledge proper to his profession as he can, because this knowledge is to be his stock-in-trade.

But of any other knowledge he is neither covetous nor ambitious; indeed he accounts the devotee of general science as nothing better than a fool, while he himself devours, so to speak, the little store of knowledge necessary to his purpose.

In this sketch are represented the poles or very extremes of the profession, intermediate between which are other classes, some showing more or less the characteristics of either of these two, or of both, and some entirely different. In this mixed group are found the lazy student, the lying student, the "swell," the "wild," the "simple," and the scheming, or "borrowing," or swindling student. Indeed no more fertile and cultivated field offers itself to the student of human nature than the people found at a large medical school or hospital.

Our first described young man, or a young man similar, comes up from the country, green and fresh, to commence his course as a medical student at college and hospital. Perhaps he is known by, or has an introduction to, one of the professors, or, more probable, he is entirely unknown. In the first case he is regarded with suspicion in the "school," and in the other he is regarded with satisfaction by men who, from past experience, know how to make him "useful."

From his high ideal of men and things in and about this abode of learning, he treads its very corridors or passages in respectful awe. He replies to or accosts every man he meets, from professor, or senior student, to janitor, or porter, with "sir." And he feels honoured beyond expression, if any of these will so far notice as to exchange with him only a crumb of conversation. He makes the acquaintance of "the nicest fellow he has ever seen in his life;" and his joy is unbounded when this "nice fellow" invites him to dine, upon a given day, with him, at "his place." Arrived there punctual to appointment, he is most graciously received, and perhaps introduced to another "nice fellow;" and his wonder and gratitude equal each other, when he beholds spread before him *le menu d'un repas*, almost luxurious. Most hospitably pressed to partake beyond satiety of every good thing there provided, and agree-

ably entertained the while with joke and conversation, and afterwards with song and story of his entertainer, or of some other "nice fellow"—the entertainer's friend—he is only too happy to lend upon request of either of these gentlemen a couple of sovereigns till Tuesday or Friday, when their own remittance comes. He returns to his own "place" at night, after spending thus one of the happiest days of his life, and he never bothers himself with the thought of Tuesday or Friday. Meanwhile, from certain looks and smiles which his presence calls up among certain other "nice fellows," he is conscious that he is, from some cause, receiving his share at least of general attention; but when Tuesday and Friday both pass away, and other Tuesdays and Fridays after them, he in time discovers (unless a very dull fellow indeed) that a couple of sovereigns was enough to pay for a good dinner.

Or, failing the above entertainment and its lesson, our young man, if he be possessed of a weakness for personal adornment in the shape of jewellery, generally invests, first, in a gold watch and chain. These are almost always supplemented by finger-rings and scarf-pins of "loud" design. And if herein ambitious of the *rôle* of "swell," his person, thus embellished, would make not an indifferent show-board for a jeweller's window. The "nicest fellow," already introduced, begins by admiring our young man's "things," requests a "look at" one of his "loudest" rings, "tries it on" his own finger, jokes him out of a "loan" of it for a day or two, at the end of which he tells him that he has lost it in a "spree," or that his "sweet-heart" has gone away with it!

Or, neither of these experiences falling to our young man's lot, the "nice fellow" visits him at his "place," takes on "loan," with or without permission, some of his instruments, or a *Vade Mecum* (cost price ten shillings and sixpence), lends these or that in turn to a relation of his own, whom he calls his "uncle," for the small consideration of half-a-crown, or less; the uncle kindly gives acknowledgment for the "loan" in the shape of a ticket, for which, un-unclelike, he charges a penny out of the

gross sum lent, and this ticket our young man receives in thankfulness for the privilege of being allowed to refund his friend's "uncle" in the small sum borrowed, and receive, in return, his instruments or book.

Gradually gaining a greater knowledge of his "noble profession," and a greater esteem for its members, by schooling such as this, the "nice fellow" has still other mysteries in store for the simple fellow, but which mysteries time and opportunity will unravel.

Sometimes, by particular desire of our "young man" whose wonder and admiration have been stimulated by what he has heard, the "nice fellow" gives his consent to introduce him to the "green-room" of his own favourite theatre or music-hall. Once there, he is introduced to quite a host of *amis chers et chères amies*, whom he never saw before, but who are pleased to honour him by drinking his health any number of times in champagne, which he is privileged to pay for. This accomplished the "nice fellow" accompanies to their home the gods or goddesses of our young man's chief devotions, while he himself gets home to his "own place" as best he can.

The bare enumeration of all the accomplishments of the model medical student, as foreshadowed above, would be tiresome. Musical he is, as already seen, and often stage-struck. But even medical students don't live on music—eat he can like an Englishman, drink like a Scotchman, fiddle and dance like a Frenchman, and fight like an Irishman. Certain other propensities he educates (smoking included) which would enable him to claim relationship to the Grand Turk, and he would be "at home" in any nation in Europe if he could only think like a German. Many other muscular and manly pastimes he can indulge in, such as boating, cricketing, wrestling, footballing, and snowballing, and if any crusty citizen, or vile policeman complains of his free indulgence in the latter amusement, at any time or place, he straightway apologises by smashing his head—*especially if surrounded by companions at the time*. For this somewhat rude amusement

the "wild student" is often apprehended and fined, and to meet the fine the good-natured and simple student is perhaps applied to again. If very simple, he once more finds the coin notwithstanding all past experiences—even if his own gold watch and chain have now by his own hand to go to the "uncle." But if more than a little doubtful he is "talked over" to accept as security an I.O.U. and any number of class tickets—without which latter the "wild student," in ordinary cases, cannot go up for his final examination. But as he never does go up for final examination as a rule, the I.O.U. and the class tickets, in lieu of his gold advanced, are utterly worthless to the simple student.

The scheming or lying student in part depicted as above, is, after such a curriculum, fit for any knavery—I hope, for all sakes, he will end short of homicide. If qualified at the end of his course, he casts no honour upon the profession, and *vice versâ*; and if unqualified and practising as a medical man he is equally with the "smiths, weavers, and women," and the "pipers, jugglers, and hangmen" of a bygone time, the chief reproach to the profession, if not an utter plague to it.

Long before the termination of his curriculum the student first introduced, and whom we might not inaptly call "good-natured," has had opportunities in plenty to exclaim with his friend and kinsman, Honeywood, "*How have I been deceived!*" But this deception has come chiefly from men and not from things. His primary idea of the doctor is now much changed, but the doctor's office is still to him the same. If qualified at last, and possessing ample means, he takes up the *rôle* of philanthropist, and practises without reward for mere love of the thing. Some of the very poor receive largely of his beneficence, and reward him with their prayers. But besides the very poor, other people consult him who are well able to pay a doctor, and thus a double injury is done. These people are themselves injured morally through their avarice, though benefitted physically; and the neighbouring doctors who have to live by their calling are injured in all respects. If the

good-natured doctor be himself one of these latter, who have to live by their calling, his position is often one of much nicety, but generally he supports it with dignity. On the one hand, amongst the general public, he is sure to find his share of dishonest patients, and on the other he has to put up with, if he cannot overreach and control the dodges of his *dishonest—because unprofessional*—competitors. His causes of anxiety about the first, that is his dishonest patients, are reduced to two. First and chief in every case, his anxiety is *to cure them if he can*. Second, having cured, his other anxiety is *to make them pay him if they can*. But with the trained intellects of his own unprofessional neighbours, the battle is a keener one. Daily he has to meet them with *ruse contre ruse*, although in all these encounters the best trick he can play, and the one which is always trump, is—TRUTH. Like diplomatists, that is a trick they can't understand, because it is to them an "unknown quantity," and thus his triumph, and their frustration.

If with truthfulness he possesses industry, sobriety, and an average knowledge of his profession, he can live a life of usefulness and comparative independence, and even claim respect. On one hand he is not crushed by biting poverty, on the other he is not cursed with wealth.

Far more unfortunate than he, is the simple good-natured fellow who has gone through all his means (in folly it may be) at the schools, and ends without a qualification. While some of the others above mentioned are the reproach and the plague of the profession, he is the pity of it.

And now, in bidding farewell to the student, it is with pain that we were forced by truth to say a single word unfriendly of him. Faults he has and great ones; yes, and shining virtues too. In this he is a contradiction to himself, but so is all the world also; and, after all, he is only of human nature! With this adieu, we turn to consider him in his altered shape.

Having briefly sketched some of the marks and characters of the "lying," the "wild," the "simple," and the "scheming" or "swindling" students (the "lazy" kind are scarcely worth

notice for either good or evil, because, for the most part, harmless), it is almost unnecessary to say that the practitioner in his career through life will be a *character* exactly similar to the student. We know what the poet says—

“Childhood showeth the man, as morning doth the day;”

and boyhood and youth do the same in a stronger degree. Some few pages back, I gave expression to this truth when I stated that gentlemen who commenced the profession of medicine remained, as a rule, gentlemen; and that persons who were not gentlemen at the same commencement never became such. And this brings us to the practitioner.

The practitioner, no matter of what eminence or experience soever, was once a student. And whatever he was as a student, he is the same to-day—the same at least in generosity or selfishness; in honesty or hypocrisy—the same in nature, but more mature in fact.

First and chief there is the man of great learning and wide fame, the consulting practitioner (physician or surgeon). He is, almost without exception, a gentleman—and a gentleman by nature, art, and fortune. He has taken early high honours at his university, and he knows something of everything. Successful and respected—respected for his success, respected for himself—he possesses alike the confidence of the public and the confidence of the general practitioners, upon whose recommendation, and to whose assistance he is called. Highly trained and cultivated in every noble faculty of mind, he possesses—besides knowledge—probity, honour, judgment, charity. Dignified in bearing, and yet humble, his words are few and well-considered; and his study is to be ever evenly just—just to the patient, and just to the patient's ordinary adviser. Sincere in every action of his daily life, his eulogy lies not for us to write—it is abundantly written in his own works.

But so much usefulness is sure to have an imitator—so much excellence a counterfeit. From a previous general description of this counterfeit, it will be seen that he must possess know-

ledge—special knowledge at any rate, and general knowledge if he aims at being a proper counterfeit. Polite and gentleman-like, in manners and appearance, his modesty will not allow him ever to lose an opportunity of self-laudation; *he was the discoverer* of that “pathological fact,” *the inventor* of this “new treatment.” Called in to a case of illness, after the first man has been discharged in something after this fashion: “And, doctor, you tell me there is no hope?” “None whatever, madam.” “Oh! you cruel man! do you not know he is my only son?” “Too well I know it, madam; and while I sympathise in your deep affliction, I cannot conceal from you the utter hopelessness of the case.” “Ah! well! I thank you, doctor; you have done everything you could.”

Called in after the other man has retired thus, he openly declares that he has been called “too late!”—a day previous, and he could have done something. This, if true, would be a terrible accusation; but as *even he* must be somewhat doubtful of its truth, it is a terrible calumnation.

From the amazing rapidity with which he can accommodate himself to circumstances, this man would succeed equally well as a journalist, of which order many are—“Everything by turns, and nothing long.” But in one particular he is much inferior to all except the very lowest of the journalistic tribe.

Journalists of every or any party, and of every or no sect, all possess in common an *esprit de corps*. Our doctor, now under description, possesses no spirit for anything only the necessities or the advantages of his own proper *corpus*. His tactics in this line are well and further exemplified thus:—Brought to a consultation at the request of the ordinary attendant (general practitioner or otherwise), if this man gives the great man *all* his consultations, he confirms all that he (the ordinary attendant) has said or done rightly or wrongly, and he condemns all that he has condemned. But if brought in by the wish of the family, and against the wish of the attendant, he almost as certainly condemns all that he has done, and suggests or

institutes a treatment—in appearance, at least—entirely different. This he does, not always openly, but by hints, shrugs, and other expressions of displeasure, either of countenance or by pantomime in general. And if the case ends favourably at last, he takes every pains to make it be understood that he, and he alone, was the instrument of this. But if unfavourably, he takes quite as much pains to disclaim all responsibility. Thus in whatever way any case of his ends, he is ever prepared to justify and even to exalt himself.

Not unfrequently he devotes himself as an expert to some specialty—to some organ or organs such as the eye, ear, brain, heart, lungs, liver, kidneys, &c., and their morbid states, or to the diseases of females almost exclusively. But unlike the real man who devotes himself (perhaps sometimes foolishly) to his specialty, the counterfeit in practice is not over-nice. Thus if he announces himself to be a pure physician, he will not scruple to trespass upon the domain of the pure surgeon, if asked to treat a broken skull, especially if the fee be large enough, and so on through every part of the whole profession.

If with the practice of any part, or the whole of the “regular” profession, patients flock in numbers and bring wealth, well and good. If not, he is not the man to throw time and talents idly away, while, unexplored, there remain these other mines, namely, homœopathy, hydropathy, mesmerism, and demonolatry. And, finally, if added to this he is a ready speaker, or a fluent writer, so as to catch the ear or the eye of the multitude—by some called the democracy—he has achieved two at least of the great aims of mankind—wealth and fame—and he is content to let poor immortality shift for itself. Just now I thought I had exhausted the list of his pretensions—large as they are—but I am wrong; our great man has yet another side or angle of his professional polygon to exhibit, namely, *law*—or rather *Medical Jurisprudence*.

Medical evidence in all remarkable trials at law—or *causes célèbres*, as they are now called—civil or criminal—is a thing

in daily demand in our day. In cases of murder, the medical witness is now an absolute necessity, in justice alike to the law of the country and to the accused murderer; and in extraordinary civil cases it is deemed expedient to import him, whether necessary or not. In criminal cases of violence (homicide or other) the prosecuting party is certain always to employ a doctor, or doctors; and so also is the defending party, unless the facts for conviction are overwhelming, or that the accused criminal is very poor. But in all extraordinary civil cases, especially actions for damages against railway companies, the plaintiff and defendant each take care to be as well provided with medical experts as they are certain to be in counsel. Where duly educated and conscientious men are employed on both sides, in either case, justice is generally done, or if not, *it is not because the doctors are forsworn*. But where either party, or both, employ ignorant men, or weak men, or wicked men, justice is seldom done. In criminal cases the failure of justice, when it does occur, is chiefly from the prosecution employing ignorant men, or weak men—and this from the parsimony of the Crown through its advisers—and therefore this failure falls not to be noticed here. But in civil cases, especially railway cases, when a failure of justice occurs, it is, at least as frequently, through the testimony of wicked men, as of that of the weak or ignorant. This gives rise and continuance to a state of things so grievous that even the “lay” press takes notice of it, and in sneering commentaries tells that now in this nineteenth century doctors can be purchased to swear as required upon either or any side. Nor is this an altogether exaggerated statement—unfortunately it is too often true. In view of the amount of “smashing” done by railways upon the public in late years—whether by “colliding,” “telescoping,” defects in, or insufficiency of, plates, or otherwise—most railway companies now retain, under permanent salary, a regular staff of doctors. When any serious accident occurs, it is the business of these who reside in the neighbourhood of it, to repair to the scene at once, to succour the wounded and to inspect the dead. This duty accom-

plished, they have next to examine, report upon, and sometimes negotiate with, patients who claim compensation for injuries received. If the claim is an honest one, and the doctors on both sides honest also, a prompt settlement is made, to the benefit and satisfaction alike of all parties, except perhaps the lawyers. But if the claim is excessive, or if the compensation offered is inadequate, then the law decides to the satisfaction and benefit of nobody, except to that of the lawyers certainly, and the doctors perhaps, so engaged. But generally these gentlemen can be trusted to take care of themselves, whatever happens to patient or to client on either side.

When an accident by railway occurs to a "smart" business man, if he comes out of it immediately with life and consciousness, his first care is to "cast about" at once for a doctor whose specialty is railway accidents. Having found him (and he is not difficult to find, every large town containing at least three or four such) it is wonderful what moral affinity—strong as chemical affinity—is developed immediately between patient and doctor. If the injury is really severe, the patient, and justly, receives, as a rule, fair compensation for the injury done—judges and juries being not noted for undue leniency to railway companies. But if the injury be exaggerated, "then comes the tug of war." An "experienced counsel" makes an "opening statement" for the plaintiff, and often paints him as a man ruined for life—ruined physically and mentally in health and materially in art, profession, or occupation. Doctors, at least two, and sometimes three or four, confirm *on oath* every word the lawyer has *said*—no matter how outrageous to common sense. Nor does their theory suffer much by a crucial cross-examination by the opposing lawyers—so well are they "read up" in cases—so determinedly "out and out" is their swearing. Questioned as to their charges in the case, one of them perhaps admits that his bill for attendance on the patient is £100 or more. It is to be hoped that he has earned it honestly, but whether or not it ill becomes a rude and niggardly barrister to cavil at the doctor's bill for swearing lies,

when he himself often makes much more for only speaking lies.

The plaintiff's story being told, the defendants' turn comes. Their "learned gentleman's" theory is that plaintiff *is now in better health than ever he was at any time in his life previous to the accident*. To support this theory any number of doctors are called on behalf of the defence; and they in turn swear with all earnestness to a tale the very opposite of that just told by their brethren. The judge hears in astonishment, the bar is amused and instructed, the jury puzzled, and the general public bewildered. If the plaintiff's case is one of *great imposition* (sometimes he swears that his business is worth £400 or £500 a year, when in reality it is only worth £100), the judge charges accordingly, and the jury find a verdict for the defendatns. Singularly unlucky here now and then is the plaintiff's doctor or doctors. The attorney and counsel have taken care to be paid their "little bill" in advance, but if it was a "speculative action" as far as the doctor was concerned, he has now the consolation of carrying out of court a perjured conscience—and for no reward. But if the balance of testimony is upon both sides even, the jury generally give the benefit of the doubt to the plaintiff, and award him a sum at very least something in excess of his doctors' bills, in which case something filters through to the doctor—unless the patient is "too smart" for him and now turns bankrupt!

Such in brief is a history of a railway case from one view—a fraudulent claimant. There is another view however, not undrawn nor yet uncommon—a fraudulent defendant. Manifestly it is alike the interest of a railway company to settle out of court an honest claim, as it is its interest to "fight" in court a fraudulent one. Sometimes they "fight" every kind of case. But to do the companies justice, the *majority* of them in "fighting" honest cases, are guided and impelled to this by their own medical advisers. True, some companies, like individuals, are inordinately fond of law, and—well or badly advised—carry a bad case from court to court, by appeal any

number of times, in the hope at last of crushing a poor complainant by law expenses. But the majority of railway companies are neither so wealthy nor so foolish as this. Therefore when an honest case of accident comes to be "fought" in court, it is almost always the company's doctors' fault—they keeping it in motion as long as possible for their own gain.

But whether the fault of the company, or the company's doctors, or both, parallel cases to the following hypothetical ones are not unknown. A man receives in a railway accident a severe concussion of brain or spinal cord : he becomes partially paralysed or almost completely blind. He is carefully examined by competent men who depose to the facts on oath. They say that his state will never improve—probably grow worse. Their evidence concluded, up come the doctors of the opposite side with a story of malingering, and that the paralysed limbs or injured eyes are perfect in function—as good as their own in fact! In this conflict of testimony among "experts"—and disregarding also the "speeches" of counsel—the judge and jury decide from their own observation and instincts, and almost always decide justly. In arriving at a decision it would be interesting to know how much importance they attach to the fact of the railway company bringing from London a couple of "experts," at a cost of twice as many hundreds of pounds, to swear to the uninjured condition of the claimant! To the company itself, it might be worth while for the future for them to consider how far that £400 spent on their own doctors would go in paying damages in the case without a "fight" at all.

Again, in an injury on a railway, it is alleged that the bones of a man's foot were dislocated. Provincial surgeons of some fame are called to prove the dislocation. Down comes a "specialist" from London to prove (although his own "specialty" is the eye) that the foot never suffered dislocation, but was what is styled a "congenital club-foot"—that is, that the man was born with it so! In this case the learned men or "experts" on both sides fell to squabbling about

anatomy, and the ligaments of the foot; and, in another case, they “went in” for the arteries of the eye, but how they settled it—if settled yet—remains uncertain.

On our way down to the general practitioner, and leaving these “specialist” gentlemen on the road behind us, we come upon another kind of specialist. If named after his occupation he would have—as in some other trades he has—the amiable title of “*ladies’ man*.” I propose, however, to call this gentleman the *speculum specialist*. He devotes himself to tinkering of (*for he never cures*) certain complaints peculiar to females—married or unmarried. Once this fellow with his little instrument gets a footing in a house, then farewell peace. Not that I charge him with anything more immoral than the exacting of fees (never very small and sometimes ample) from, and the excitation of *undue irritability* in, his patients, by his *speculations*. From nervousness or indigestion or hysteria, and certain deranged functions, a woman gets it into her head that she is a subject for the speculum. She sets out, is “speculated” upon, and returns, and re-returns to the operation with a periodicity in recurrence equal to a complete repetend in circulating decimal fractions. Worse than this, she induces any number of weak-minded and hysterical acquaintances to undergo the same treatment, and with the same benefit in every case. The doctor certainly reaps a rich harvest in guineas by this—for his patients are numerous—but that is the *only gain* to either party in question; for a continuance in this kind of “specialism” is equally degrading and demoralising to both patient and doctor alike. Such is its certain though insensible action upon the doctor himself, that in course of time he comes to believe that the ailment, whatever it may be, of every woman who consults him, has but one origin, and consequently but one cure—the speculum. And thus he becomes a convert to the doctrine of homogeny in disease through the homology of his treatment. That is, if he is an enthusiast in his “specialism”—which in this case is only another name for simpleton. But if *purely a knave*, he

is a more wicked creature still. But whether fool or knave the evil he does is inestimable, because morally and numerically it is a cumulative evil. Such a hold does he in time acquire over his patients that if another practitioner is by chance called to one of them, he finds it impossible to remove from her mind the impressions therein engraven; or if he succeeds in dimming them somewhat for a time the success is but transient—back she returns to her “guide, philosopher, and friend” on the very first opportunity. I have here traced the evil of this kind of “specialism” (briefly as possible, certainly, for the subject is not a “healthy” one, and will not bear exhaustion); but before concluding this little work, I hope to suggest a remedy for it.

Other kinds of specialists there are, but they being for the most part harmless, I shall not waste time in describing them. One very pernicious class, however, of these—namely, the “mad doctors,” as they were called, and as they existed a couple of generations back—have now become almost extinct. They have been often and very fully described in certain very clever novels, and to these I refer the curious reader for a full account of them. By their suppression, which occurred in great part from public attention being drawn to them by these same novels, it is almost impossible for a sane person to be imprisoned now in these countries as a lunatic. This is something to be thankful for; but the condition of the unfortunate insane, though vastly improved from the same cause, is still in many cases far from what it ought to be. But this by the way.

Descending downwards, we come at length to the general practitioner. Having reached him, we may be permitted to offer this apology on his account before dragging him on to the stage for exhibition to a critical and not over-merciful public. His apology (which resolves itself into a request) is, that having already seen the tricks and stratagems of men in the profession some strata above him—*MAJORUM GENTIUM DII—or greater gods*, as Cicero says—we to his failings “will prove a

little kind," especially as he hopes by-and-by to improve these failings, and to become in time what he ought to be—a *gentleman*.

I have already stated that the medical adviser of almost the entire mass of the people, in town and country, is the general practitioner. It follows, therefore, that it is almost impossible to over-rate his office. Nor is it possible to over-educate himself, so that he shall be duly competent to fulfil his office. If of moderate competence, diligence, truthfulness, honesty and sobriety he may, while his duties are hard—physically and mentally hard—live in prosperity and comfort in either town or country. Sometimes he is so much esteemed as to be placed on the magisterial bench, or chosen for the office of Mayor in the borough where he resides. And he may even reach the House of Commons. Such civil honours are the reward of his own energy and perseverance. But in no case must he value them unduly, for the counterfeit again, who has made *un mariage de raison, ou de convenance*, may by his family connections achieve all these honours, and more—he may obtain military rank in the Volunteers! or professional rank in the General Medical Council!

The general practitioner in either town or country who falls short in one or more of the necessary requirements mentioned above, that is, average knowledge, industry, truthfulness, honesty and sobriety, but still more important, *a rich marriage*, has generally a practice about equal to his general worth or prudence; although if they were too closely scrutinised their proportion to his practice, such as it is, would be often sadly out of proportion.

In towns he is not unfrequently found to be of that class known as "shabby genteel." He lives "in clover" and indifferent to practice for a certain period—as long as butcher, baker, draper, tailor, grocer, wine merchant, and bootmaker can be found to give goods or necessaries away. When they tire of this and clamour for payment, he calls them together through the medium of an obliging attorney, who blandly

“explains to them the situation,” offers in “liquidation” a trifling amount as composition, and thus the little affair is arranged—the more readily if there are no “assets,” or if some friend holds over furniture and other effects *a bill of sale*. Repeating this operation twice or thrice, his name becomes at last familiar to all “commercial” men as a “household word,” even in a large town; and as formerly he lived in style *independent of practice*, but by his wits, he now finds it difficult to live at all by both wits and practice combined. He may if he chooses sing with other sharpers, “In opulence once I have been,” &c., but this will not restore him to his high estate. His practice consists, for the most part, of low-class midwifery, the more simple ailments of children, and surgery of that particular kind which the *good-natured but foolish people* who are agitating for a Repeal of the “Contagious Diseases Acts” would vastly increase if they had their own way. In this latter practice he has keen competitors in the chemists and druggists of his town, and also in the “professors” who establish lecture-halls for the people and “Institutes of Health” and “Anatomical Museums” for the idle, the foolish, and the curious.

Such in English towns are the extremes of the profession—from the Justice of Peace who rides in carriage and pair, to the poor “cad” who is bankrupt alike in character and in cash. There are intermediate classes between, but their peculiarities or distinctions do not call for special notice. In Ireland the general contrasts in the profession are equally marked as in England; and both Ireland and Scotland exhibit peculiarities of their own. In Scotland in the larger towns, and in Ireland in the smaller ones, it is no uncommon thing to find a doctor of medicine of a British university behind a counter in a drug-shop, and eking his professional income by the sale in small quantities of medicines, drugs, sweets, hair-oil, poison for rats and mice, and even tea and tobacco! In Ireland, the smallest quantity of medicine or medicament thus sold, such as jalap, rhubarb, cream of tartar, &c., or sticking-plaster or oint-

ment, is, I believe, one pennyworth. But in Scotland the line is drawn at a "bawbee." In certain large cities in the latter country, a *genuine doctor of medicine* may be seen, here and there, while waiting behind his counter to catch a chance consultation, filling in his time in the sale of hair-oil, laudanum, Epsom salts and other articles of the *Materia Medica* in half-pennyworths. To him—if the least lively and quick-tempered—it must prove a little annoying to be disturbed at times thus: He is engaged in earnest conversation with some friend or college companion in the consulting-room behind his shop, or he is giving advice to a patient in a serious case, and his "boy" is away at his dinner or upon some other errand, when enters at the door a barefooted "wean" or "bairn"—boy or girl—and raps long and loudly with the edge of a copper coin upon the counter. The learned man is at last aroused by the interruption, and going into the shop to inquire the "want" he is requested thus: "A farden's worth of liquorice-stick, please, and a farden back." With a reply of—"Be off, *we* don't sell less than *haporths*," he returns to his friend or to his patient, humbled, irritated, or amused, according to his temper or idiosyncrasy. Or he is engaged in the same consulting-room on a Sunday afternoon reading his Bible or some deeply religious treatise, when similarly enters a well-dressed lady or gentleman. Putting on his sweetest smile, and preparing to make his most courteous bow, he rises into sight, and is accosted thus: "Can you oblige me, sir, with a postage-stamp?" If he be a good-natured fellow or a funny fellow he does so oblige out of his own "private collection," but if a gruff fellow his answer is not always polite in expression nor in tone.

Compelled to such resources for a living, the fourth, fifth, and sixth classes of the regular profession in certain Scottish towns are not made up of men of wealth, culture, or position. Even average energy and ability they very much lack, and their life in general is by no means an enviable one. Epitomised, it may be briefly written in two words—HARMLESS DRUDGES. So low is their place in the social scale, that twenty

years ago three-fourths of the regular medical practitioners in a large Scottish town, now numbering a population of more than half-a-million, did not pay income-tax. For their own sakes I shall be glad to learn that now they are all assessed to pay it, although the minimum of incomes which are so assessed has been lately raised one-half, namely, to £150.

In illustration of the general condition of the lower-class practitioners of this same town, about the time named, the particular historian might tell many curious tales. Let the following story suffice:—Among my earliest experiences of student life I became acquainted with a gentleman from the West of Ireland, who had been then a student some three years or more. His family was one of the first in his native county, and the manner of our first introduction was rather odd. I was in a city tradesman's shop ordering, or "fitting on," certain articles of apparel indispensable in every society, and in all countries except where a pair of top-boots and a cocked hat are by themselves "full dress." While in the shop, and in conversation with the tradesman, in walked two gentlemen, both plainly, neatly, and fashionably dressed, and one carried in his hand a riding-whip. From the obsequious manner of their reception by the master of the establishment, I saw at once that he, at least, regarded them as persons of no ordinary distinction, and I was confirmed in this belief by what followed. "Good-morning, Mr. Sartorius," said our friend with the riding-whip; "are my clothes ready?" "Good-morning, doctor; I shall see directly," answered Sartorius. At the word doctor I felt an increasing interest in our friend, and the tradesman, turning to his message boy, ordered him to repair at once to the workshop and ask if Dr. Blake's clothes were ready. Hearing this, the doctor said: "Unless you send them to-night, Mr. Sartorius, they are of no use to me, for I am going up to E—— *first thing in the morning for my diploma.*" "Permit me, sir," said I, "as a very young student, to congratulate you, and to wish you success." With polite bow, and gracious smile, the doctor briefly expressed his thanks, and I, not wishing to intrude, took

my departure. Whether the clothes came to the doctor in *time that night* I was never in a position to say, but I know that the next morning brought him no diploma, nor had he one several years after when he and I took our final leave of each other. After this time I saw the doctor somewhat frequently, although not for years after admitted on his "list of friends." He would come to make his daily (perhaps sometimes weekly) visit at the hospital, mounted on a "full-blood" hunter, and upon alighting from it throw the reins to some "loafer," who would rush to take it, knowing from experience that the recompense was half-a-crown. He possessed alike the admiration and the homage of us much humbler folks, and he ever returned our salutes with grace, dignity, and good-humour. Days and years passed on, and I gradually saw less of the doctor, although in "society" he was not unknown, and he was besides a member of the Yeomanry Cavalry of the town and district. Some three or four years after the time of our first meeting in the tradesman's shop, I was sitting one winter's night in the consulting-room (as above described) of a friend who had lately qualified, when an urgent call came from a new patient in a somewhat lonely street half a mile distant, requesting to be visited that night. Upon the wish of my friend for company there and back, I set out along with him. Guided by the city lamps we reached a low, dark entry, and probed our way up a narrow rickety stair. We found our way at last to the dwelling of the sick man, which consisted of two apartments altogether—an outer or kitchen and general room, an inner or bedroom. In answer to our knock a cleanly and somewhat delicate-looking woman of five and twenty, or it might be seven and twenty, with slender tallow candle in candlestick in hand, opened the door for us, and we entered. The furniture of the place was rigidly simple, but clean and in order, thus offering a pleasing contrast to the general surroundings outside. My friend informed her that he was the doctor, and said that "this gentleman" who accompanied him would wait here in the outer apartment while he attended to the patient within. On this the woman courteously

handed me a chair, and asked me to "Please sit down, sir." I took the proffered chair with thanks, and while the doctor took his "observations" of the patient within, I was similarly engaged on the scene before me. A few scant coals burned in the polished grate, sufficient to give a little light and heat to the apartment, and upon the home-made hearth rug, which stood in neighbourhood with the whitened hearth-stone, there had fallen asleep a little boy of some three years old or so. Sitting close by, nursing her doll in well-bred silence, sat a little girl of five, and within the cradle on the floor an infant of a few months old reposed. Very little time it took—*au premier coup d'œil*—to make out in imagination the whole situation of that household—poor but respectable. I was aroused at once from my thoughts by the sound of voices inside, some of which voices I recalled to memory as having heard before. The words spoken were in the ordinary tone of conversation, and I listened without feeling guilty of censure for so listening. The female spoke first. "Can we get the medicine to-night, doctor?" "Certainly," replied the doctor, "just now on my return, if you send for it." "What is your charge, doctor?" "Half-a-crown, madam. A shilling for my visit, and one and sixpence for medicine." "Hold a minute—I beg your pardon, doctor," broke in immediately a third voice, a man's, and the one of my remembrance, "before you go away what do you say the man is suffering from?" "I think I told you already," said the doctor; "a little cold, a feverish cold if you like, and he will be all right in a few days." "Is that *your* opinion, doctor?" said the man. "That is my opinion, sir," said the doctor, now a little warmly. "Understand me, doctor," said the other, "this poor man has a wife and family depending upon his earnings, and in their interest I wish to ask you, is the illness in *your opinion* nothing more than a common cold?" "Nothing more, sir," replied the doctor, this time very warmly. "*Pay that man nothing for his visit,*" said the other now of the doctor, and to the woman. "And who are you, sir?" inquired the doctor, almost worked into a

passion by this time. "No matter who I am, sir," then turning to the woman, "Your husband has got rheumatic fever, and *he will lie there forty days*," said the man in cool and incisive tones, as he ended his sentence. Knowing the temper of my friend, and fearing a "row" in the sick-room, from the doctor being not only cheated out of his fee, but insulted in his judgment also, I hastily entered the room, and very much to my surprise beheld my early acquaintance Dr. Ulysses Blake. On his part he was little less surprised at our meeting so strangely there. Mutual explanations and apologies followed, and we now learned that the doctor had some time since "*graduated*" as a cab-driver. The sick man of our visit was also a cab-driver and a much respected friend of the doctor's. Hearing of his illness the doctor had come to visit him, and had just arrived there a few minutes before ourselves.

From his being the doctor's friend, and the strangeness of the general circumstances of the case, we came not unnaturally to feel an interest in the poor cab-driver, who recovered in a short time from his illness. But to do Dr. Blake's medical knowledge full justice, the time of said recovery was much nearer to his prognosis than to that of my other friend. Explanations over and cordiality restored, Dr. Blake honoured us upon that night with his society. We three, and a few other friends specially hunted up for the occasion, proceeded to a popular and cosy hotel, where good refreshment—liquid and solid—and good conversation produced good feeling. We spent many such nights, when opportunity and the duties of the doctor's new calling permitted, and now, after the lapse of the greater part of a score of years, I can recall with mingled pleasure and sadness these happy meetings at which the doctor was always the central figure of the company for wit, good-humour, and general *bonhomie*. During this time I once, at least, in earnest conversation with him, tendered my advice to abandon the calling of *chevalier du coupé*, go up for examination, qualify, and take his proper place among gentlemen of his own profession. Never shall I forget his reply. It was in

substance:—"Years ago, to your own knowledge, I finished my curriculum. I am somewhat rusty now, but even so I could pass the examination. But let me tell you I would not *now* take a diploma if I got it for nothing. I wish neither to insult nor yet to discourage you; but, for my part, to Jericho with your *beggarly profession*. You never, in your proper calling in a whole lifetime, see the sight of a smiling face. It is even so in better class practice. What is it then among dirt, poverty, and rags—such as the poorer classes of this city? Here you are, say, in this town, a fourth or fifth class practitioner. You are called upon to go a mile of ground or it may be two to see a patient. You then go up four or five flights of stairs—not always *savoury to sense*, nor safe to tread—to a garret, or down half as many, into a cellar, and have often to feel your way. All this for a shilling as your fee! and pleased and lucky are you if it is ready money. Not unfrequently you feel that instead of taking the shilling you should *bestow one*, or more. You would give a porter almost as much for carrying a small parcel for you the same distance. And a porter has not to wrong his belly for the benefit of his back—in other words, to famish with hunger to dress like a gentleman. Besides a porter's education, *unlike a doctor's*, need not cost money. So much for your profession, which I may, in two words, describe as being the *refugium peccatorum*—or made up of the sweepings and scourings of every other. Now for mine, I am always sure of my wages, and I have my 'chances' besides. We have seen what you have to do for a shilling, whereas if I just touch my hat to a *gentleman* he gives me half-a-crown. And drink I may always have—more than I care for." Argument like this was conclusive if not convincing. In wishing my friend *many gentlemen and many half-crowns* in his calling, I did not fail to remember the time when *he himself had bestowed half-crowns* in a similar manner, but delicacy prevented reference thereto on my part.

After this, again for a while the doctor disappeared from sight, and from his usual haunts. A gentleman like him had

been seen meanwhile training horses and riding races as a gentleman-jockey at different places up and down. But in the course of months—it might be a year—he called upon me again. He had tired of his new profession, whatever it had been; had written to his family for funds for a new start in life, and had received a favourable reply. It was fettered with one condition, however, namely, that he should emigrate to Australia or New Zealand—either, according to his choice. The poor doctor, with tears in his eyes, and in but indifferent health, continued, “I may never live to reach land, but still I must go. They can send me no farther away upon this globe, but I have no doubt if they could they would.” Once again I saw the doctor, and this time in company with a very near friend who had come to discharge the “last offices” to him and to speed him on his journey. Upon this scene I need not enlarge. But once again after that I heard from him. The surgeon of the ship which carried him to the antipodes was a mutual friend. He reported on his return that he parted with the doctor upon the other side “alive and well.” On the way out, he was loved and respected by all—emigrants and crew alike—and he gained from the captain no little applause for the manner in which he drilled the emigrants in order and cleanliness. In bidding him adieu, let us hope he is still alive and happy, and that his talents—for *talents he had*—have gained a recognition and a display greater than in any profession in which they were engaged in this country. Such was this gentleman’s ending with the profession after spending upon it £1500 to £1700, or perhaps £2000.

It took some time to realise the amount of truth of Dr. Ulysses Blake’s estimate of the work and the remuneration of the “profession” as he viewed it. But the time did come. Indisputably in certain parts of Scotland things medical are bad enough, but in wealthy and prosperous England they are little if anything better. In many country districts in Ireland the doctor by his profession—dispensary and other appointments aggregated—cannot make a living unless he farms a “bit of

land " also. And in England many of the most successful men—*financially successful*—depend upon the keenness of their instincts for trading, or jobbing speculations in mines, factories, railways, gas, water, or other works, or in gambling on horse-racing, and *not* upon their "profession" *per se*. In this the return of the golden age, the care for appearances—passion of show is more apt—evinced by all classes generally, from peer to peasant, cannot escape men of such little mind as doctors. And yet in them there is reason of excuse for this vanity—more reason than many have. It is—to be employed by the great, they must appear great. We have already seen some of their tricks in towns, but not the whole. In imitation of a successful rival, "to astonish the Browns," or to catch practice, Dr. Tipthemoff must start his "carriage." The "carriage" procured, it is often found to be a curiosity in ancient architecture. However, let it pass. To attend upon carriage and horse, to wait at table, clean boots, knives, and "silver," to nurse the children, and to do miscellaneous jobbing generally, a "groom" must be employed. This "groom" is very often a "boy" from the neighbouring workhouse—a "juvenile boy" of nine or ten, or a "senile boy" of nine or ten multiplied by seven. Livery for the "groom," "arms and crest," are the next requisites, and a Jew clothes-dealer is the *marchand en détail* for these—especially one who keeps on the premises a jobbing tailor and hatter to attend to "alterations." The "groom" being engaged he must be lodged and fed; we have not been admitted often enough behind the scenes, nor if we had would we expose the privacy of domestic life so far as to describe the groom's "quarters" and "rations," but remembering the song of "*Peter Pilgarlick, the doctor's boy*," it would be safe to assume that the *menu* is not, as a rule, gluttonising. Upon the question of liveries in general there may be many opinions, but there can scarcely be *two* where the struggling son of a poorer father—this father perhaps a very honest and worthy miner, mason, hairdresser, hatter, tailor, baker, blacksmith, or other—"sets up" his livery servant. Very appropriate as "arms," if each of

these "mounted" pick, trowel, wig, block, needle, loaf, hammer, &c.; and for mottoes I purpose in my second and succeeding editions to hunt up or make them specially and gratuitously.

Engaged in purely scientific pursuits, these doctors ignore the vulgar system of book-keeping—at least so far as the posting up of accounts, so that they never know, nor care, how they stand by debit or credit, as long as the wheel revolves. No wonder then that when certain arrangements in "liquidation" are being prepared they, in common with still more distinguished men of art, literature, or "war," have to write down in their "schedules"—"*insufficiency of income.*" To do them justice, however, in their humanity, they are never known to take to law—County Court or other—a dishonest patient. But some people are harsh enough to think that it would redound more to their honour if they did, and with the proceeds "square off" their own accounts in turn. Living for appearances—*speciosus pelle decōra*, says Horace—and enjoyment to-day they are indifferent to to-morrow, and when death sooner or later shifts the scene, they are found to have made not the least provision for their family. This is all the more inexcusable and cruel if the same family, male and female, are brought up to consider themselves "independent ladies and gentlemen," and that vulgar "work" of any kind had no relation to them. Not unfrequently these "ladies and gentlemen" withdraw suddenly out of sight and are soon forgotten. Sometimes they fight out life, as their fathers have done, *by their wits and impudence*, and on the strength of the past. Occasionally, in common with more deserving persons, the children of hard-working men carried off in the prime of life by accident or some sudden calamity, they share the pity and the support of the philanthropic and tenderhearted. But the "*testimonial*" *dodge* is so generally and successfully worked out in life by all classes that after death it is, as a rule, and justly so, almost unproductive for the survivors.

Leaving the large towns for the present, especially the seaport towns, let us take a stroll into the country. Considered

from a professional point of view, medical practice in the country may be conveniently mapped or classed into four or five great divisions, according to the industrial pursuits of the general population. Thus the coal, iron, cotton, and agricultural trades or industries each claim a separate notice for themselves; and the fifth division or mixed, or composed more or less of all these, requires no notice—its description falling in among the others.

Of all country practitioners, the most fortunate, in my opinion, is the man whose lot is cast in an agricultural district, that is, among farmers and farm-labourers, village tradesmen and shopkeepers. True, he may have many long and hard rides—by night and by day, in all weathers and all seasons, summer and winter—but this means only exercise and enjoyment to a healthy man, and it may be no less than life and health to a delicate one. His patients may be but few, and those few but widely spread, but as a rule he makes no bad debts from the dishonest and the wandering. Every individual, man, woman, and child, in his whole district, he knows as well by name and history as his own domestics. No envious or evil-disposed rival has he to invent and to circulate calumnies upon his fame, or to detract from his professional ability. The clergyman, the squire, the retired merchant or banker, the nobleman at home at his country residence—all are his friends, and he shares with them in the respect, the love, and the homage of the whole people. Especially honoured and respected is he if he be a man of humour, discernment and silence, and while he hits off the peculiarities of the vain, the ignorant, and the eccentric so as to please without flattery or hypocrisy, refrains from making these peculiarities the butt of his jokes or the gossip of his conversation. Surrounded with a healthy atmosphere—physically, morally, civilly—he knows little of the temptations and the trials to which his less-favoured brothers out in the world are exposed; and his wants and desires being few, his jealousies or ambitions are never awakened. Such, in brief, is the life and situation of the model country

practitioner—let us hope that in life and conduct he is personally worthy of so much favour.

Next to this in point of comfort and respect, and perhaps equal in income, is the doctor in the cotton districts of England. His patients are much greater in number than in the other case, but there is more equality in their social condition; and if fees are sometimes much smaller here than before, they are at any rate both abundant and uniform. Unpolished, and even unlettered, his people may be in many cases, but as a rule they are in manners, to their superiors, gentle and respectful, and in habits cleanly. As just now said, his fees generally are smaller than the man's last described, but they are still in excess of Dr. Blake's friends'. According to memory, they were a dozen years ago:—One-and-sixpence for a visit to the working-classes, and two-and-sixpence for an eight-ounce bottle of medicine; and the minimum for midwifery, half-a-guinea. Except in the practice of the last-named branch of his profession, his business, like the agricultural doctor's, is not much of a ready-money one. But as his patients are generally fixed or stationary in their localities his bad debts in proportion to his practice are few: and the better to keep these down to a minimum he employs an active collector at the fair remuneration of ten per cent. commission. Not quite so happy as the other man—who often can say of himself—"My right there is none to dispute," because his district sometimes will not support a second man,—the cotton practitioner has opposition. But as the number of doctors is generally in pretty fair proportion to the sum of the population, professional jealousies are not embittered and intensified as in other places—except in somewhat rare instances and by somewhat queer individuals, some of whom are found in all professions and in all situations.

This is now, perhaps, the proper place to direct attention to the frequency of certain forms of disease among the infantile population of these parts, such as diarrhoea, tabes mesenterica, convulsions, marasmus, and others of a kindred family. They have—here at least—all for the most part one cause, which has

two divisions, namely, improper food—deficient nursing. What change, if any, recent legislation has produced in the attendance at work in cotton factories of mothers, married or unmarried, of infants under a year old is unknown to me. But if there is no change, and no law to compel such change, there ought to be. A friend, upon whose statements I can rely, has informed me that during a few months' residence in a cotton district in the West of England, he was called upon to attend, for another friend, some twenty or thirty cases of midwifery. Among other things he took occasion to testify to the cleanliness and general good behaviour—that is, public good behaviour—of the people. But what chiefly amused at the time, and caused him to reflect afterwards, was the following. When the illness of a woman's *accouchement* commenced, and before the doctor was sent for, all the female neighbours and friends were invited, and they all crowded in until the house was filled. In the aggregate they represented almost all the ages of female life (I wonder if a woman has more ages than seven?) from the young mother at fifteen or sixteen to the grandmother at forty and under, or the great-grandmother at sixty. Whatever their other occupations were at the time, they all found opportunity to sympathise with, and to encourage, "oo."* For a time he was much puzzled to find what "ou" meant, but after a time made it out to be "she" or "her." Being of a lively temperament he entered *con amore* into all their pleasantries, and he would ask perhaps a certain round, full, fresh, and strong woman of fifty: "And how many children have you had, madam?" "Fifteen, sir." "All born with life?" "All born with life, and I nursed twelve of them, sir." Turning to another similar: "And how many are you the mother of, grandmother?" "As good as seventeen, sir." "All born alive?" "No, not all, but I nursed ten of them, and of the rest some died at three months, some younger and some older." "Now, Mrs. Smith, what is your number?" "Eighteen, sir." "Bless my soul! Mrs. Smith, you improve upon all the rest; but were

* Oo, or ou.

you not afraid to have so many?" "Afraid, sir! No! I would not be afraid to have other eighteen yet! especially as I have only eight alive out of the whole." And so on; none of the elderly matrons witnessed to having had less than a dozen, nor more than a score.

With such a fecundity, the ergotism might be taken to succeed upon it, that the population would be in these regions as numerous as bees in a hive. Taken *à priori* this conclusion would be almost correct; but it is not so *à posteriori*. The excessive infantile mortality, as suggested in the answer of the woman who "nursed ten" out of "as good as seventeen," is an effectual check to anything like the place being over-peopled. And the cause of this excessive mortality among the infants, as before expressed, is *defective food and nursing*. Did I not too often find out in my experience the ignorance of mothers and grandmothers also, of many classes of the people in the feeding and nursing of their offspring, I would consider it both insulting and superfluous, to make now any remark thereupon. But unfortunately this ignorance is so prevailing—so dark, deep, and wicked—as to partake in character if not in effect with that other kind by theologians called "invincible." The proper mother, savage or civilised, knows that the proper food for an infant is milk—the mother's milk if possible. Failing this, then the milk of some other healthy woman whose child is about the same age as the other child. And failing this again, the fresh milk of a cow, skimmed and fresh. But instead of any of these, many of the "factory children," and many others too, are fed, almost from the moment of birth, upon a little milk—or no milk—with "arrow-root," or corn-flour," or "grated biscuits," or bread steeped in hot water, and in some places called "boilee."

The cause of this, and the way it "works," are as follows. The "factory mother," as soon after the birth of her child as she is able, returns to her work, and leaves the care of her infant to a "foreign" nurse. This nurse may be an elder child, boy or girl, a sister or sister-in-law, a hired girl, or an old

woman who “nurses” five or six more children besides—after the fashion of “baby-farmers” in general—until the return of the mothers at meal hours, and after that again till the close of the day’s work. Children “nursed” and “fed” so, soon become sickly, emaciated, and peevish. To cure the peevishness—which alone is troublesome—drugs are found to be necessary; but the sickness and the emaciation may take their course, unless any of the various “syrops,” “cordials,” “carminals,” &c., employed, may, by chance or caprice on the part of themselves, or by idiosyncrasy on the part of the infant, prove a remedy. But instead of proving themselves remedial, these above-mentioned compounds generally accelerate the “happy despatch” of the otherwise unhappy innocents. Much odium has been incurred by a certain gentleman—regal man, to be accurate—named Herod, who lived many centuries back, and by “our allies the Turks” of to-day for their respective doings in the “murder line.” But Herod did his “bloody work” cleanly and thoroughly. And “our allies the Turks,” if they only “drew the line” at men and infants, *and left women and half-grown virgins* alone, they might be counted “*cleanly*” too, as well as “thorough.” But what can be urged in apology or extenuation of English mothers in the last half of the nineteenth century thus murdering in cold blood by ignorance and by inches their “innocents”? And further, what can be said in favour or excuse of an enlightened Government—fatherly, motherly, or “grandmotherly”—which not only permits this “murdering,” but actually makes a trade of and derives a profit out of it? The poisoning of adults is bad enough, whether these be English Christians or Chinese heathens, and whether done by alcohol in the one case or opium in the other. For the benefit of individuals or the Government, or of both, it may sometimes be necessary to license, to protect, to encourage, to stimulate, or even to force a trade. And trade means business transactions for a profit between intelligent people. When adults alone are concerned it might be too despotic to “harass” unduly any “trade or industry,” even the quack or “patent medicine”

industry. But I am entirely at a loss for a word to describe the action of a Government which draws a revenue annually from an excise or duty of three-halfpence to the shilling's worth, charged upon every quack "composition" "patented," and sold to be administered to infants. The chief ingredient in all these "patented" "syrops," "cordials," "sedatives," "carminatives," "essences," &c., is opium in some shape; and opium is at least as destructive to infantile life as alcohol is to that of adults. Whether therefore in describing its effects I am justified or not in calling the thing itself "murder," must be left to the conscience of the reader, who will himself class it according to his temper, feelings, interests, or affections. At any rate, I would here humbly suggest that if this "trade" is permitted to continue, it should receive something like its proper name. This name is already in part invented for it, in "vermin-killer" and "pain-killer," two "patented" articles; the third ought to be—the "*child-killer*." This much at present for medical affairs in cotton manufacturing districts. We have yet to view them among the iron-workers and coal-miners. And as both these classes possess many characteristics in common, they may very appropriately be "taken" together.

The very much rougher work in the iron and coal industries require the employment of rougher artisans than those of previous description, and some of this roughness, not unfrequently, ascends or descends—whichever you like—upon their doctors and clergymen. Whether it be association or attraction—*similes similibus gaudent pares cum paribus congregantur* (birds of a feather, &c.)—that brings about this roughness, I know not, but I do know that a "fighting doctor" and even a "fighting parson" are in the "black" parts of this country not quite so uncommon as the proverbial "black swan." But besides this general roughness there is another diversity from the people already named—who live by cotton and by agriculture—in the people who "work" the coal and iron. The first-named classes wander but little, if at all; the iron and coal workers are wanderers by nature. Thus a man or a family, in

either trades, may be living at Glasgow, Hamilton, Holytown, Motherwell, or Wishaw, to-day, and a few weeks after found at Jarrow, Spennymoor, Consett, or Middlesbrough ; and in a few weeks again farther south in Derbyshire, or Staffordshire, or farther west in Wales—so little trouble does it give them to transport or “shift” themselves and their “household gods” over long distances. Nor are a great number of them—especially the wanderers—distinguished for the prompt and regular manner in which they settle their business accounts, with either tradesmen or doctor. But the folly of men, and the rivalry in trade of shopkeepers and doctors, who will not arrange among themselves to compel a ready-money system of payment as the rule, at least from such “customers,” is chiefly responsible for this sharpness in “shifting,” and forgetfulness in paying of these people. Such being some of the miners’ and iron-workers’ peculiarities, the system of “club” payments is almost the universal custom that exists amongst them. This club system, though in existence many years, has no history, or at any rate, I could never trace it to its source ; but it must have been commenced at first by some medical man very needy and very hungry, or some very much “swindled” man who reasoned in this upon the “half loaf” principle, that some payment was better than none at all. But of all the degrading and wicked systems or scales of payment of doctors—even that so eloquently condemned by my former friend, Dr. Blake—this same “club system” is the most pernicious. And it is equally pernicious to doctors and people alike. Imagine, reader, if you can, an iron-worker, by his single labour, making his two, or his five or six pounds—according to his “skill”—a week ; and an average coal-miner making, since 1871 till 1875, his three pounds a week or more, and then paying his or their doctor for attendance and medicine all the year round, for self and family, sixpence a fortnight !—threepence a week—a halfpenny a day for six days, and nothing for Sunday ! And yet, strange to say, many of these doctors, upon these sixpences, keep carriage and livery

servant—which from what is gone before may seem easy enough to do. Yes, and some more of these doctors mix in “society,” are seen in the hunting field regularly with scarlet coat and full hunting costume, and associate there with gentlemen.

The mine doctor and the forge doctor, or the colliery doctor and the iron works doctor, are so much alike in their general characteristics, that a minute description of the one will fit the other. Let us then choose the colliery doctor of the north to begin with.

When a mine-owner, large or small, sinks a pit, among the staff of officials necessary for the due working of the same, is found the colliery doctor. If he (the mine-owner) or his agent numbers among relations or friends, such as brother, uncle, brother-in-law, son, son-in-law, cousin, or cousin’s husband, a man who is in the profession of medicine, he, as a general rule, receives the appointment. Or all these failing, some dear and intimate acquaintance succeeds to it. The work and pay proper of the colliery doctor are arranged by contract—the first is not arduous, the second is ample. For attending all injuries by accidents which occur in or about the mines (this is his duty) to the workers thereof, the doctor receives a fixed yearly salary, and it is the same whether the number of accidents in a year be a score or a hundred—more or less. At a small colliery the salary of the colliery doctor may be as low as £50 a year, and at a large one as high as £500 or more. But as a large colliery of this description is generally several square miles in extent, or at least spread in patches or divisions over many square miles, such a colliery is sometimes divided between two or three doctors for convenience—each doctor presiding over his own division, and living at a distance of four or five miles from his fellow. But as it sometimes happens in military service that a prince, or other great man, is a colonel or other high officer in more than one regiment of his own country, and not only this, but a colonel in a regiment of more than one foreign state or empire also, so the friend or relation of a colliery prince or potentate, is often colliery doctor over all

the collieries of this prince, no matter how far separated they may be from his (the doctor's) residence; and he may be, moreover, "head colliery doctor" upon some neighbouring prince's collieries in addition. This kind of patronage is in the church called *pluralism*, but I don't know whether among colliery doctors it receives any name in particular. In any case it has, to all concerned, except the colliery doctor himself and his friend, the mine-owner, the most injurious effects.

As obviously the colliery doctor, whose duty is so heavy as to be embraced in the surgical charge over several thousand persons—men and boys—and these, spread over several miles of country, cannot manage the work by himself, it follows that he is obliged to employ aids or deputies to assist him. I propose to designate these gentlemen—deputies, or "assistants," or lieutenants, or whatever they are—by the title (not quite new) of the "*colliery doctor's doctor*."

The colliery doctor's doctor is a gentleman of any age, from a "young boy" under a score, to an "old boy" above three score, and when I say that he is in nine cases out of ten—in nineteen out of twenty—unqualified, I have said almost everything that he is. Much remains, however, to say of what he does.

The colliery doctor's doctor proper is always in charge of what is called a "branch practice," and this "branch" is one of any number of branches, and is any number of miles—four, seven, twelve, or more—distant from the centre, or the residence of the master, or real colliery doctor. The branch itself consists of a colliery village, with perhaps a few scattered hamlets in the neighbourhood added; and the entire population of the branch thus made up is, in the average, generally between 3000 and 5000 human beings. His duty is to attend to the minor surgery of his branch or district, and when an accident something out of the ordinary run of such occurs in his practice—such as a bad fracture, or wound involving amputation of a limb—he calls upon the master-doctor to attend to it. But his (the subordinate doctor's) duty is besides to attend to the miners, their wives and children in all medical ailments which

afflict them, and to supply them with medicine for same. The master-doctor supplies these medicines, or settles the druggist's account for them, and, as a rule, they are *not* expensive. Now in return for this attendance almost every coal-miner who is a *householder* submits to a voluntary (at one time it was commonly a compulsory) deduction of sixpence a fortnight out of his wages. Being a voluntary deduction, all may pay, or none may pay, but as the *married* miners for the most part—especially the more settled portion of them—deem it *their advantage* to pay; from one-half to three-fourths of the *householders* do so pay. The sum of the sixpences so raised, deducting still from it a commission to the “overman,” or other man, who “keeps the club-money off”—of 5 to 10 per cent.—amounts to from £100 to £400 per annum, according to the size of the colliery and the number of men who pay. But if we strike the average thus raised by sixpences at about £200 in each branch, we shall not be far out in the reckoning. Add to this £50 more “realised” in the year for midwifery at half a guinea each, and we get a total of £250 as the produce of the branch. Of this sum the colliery doctor's doctor (if unqualified) gets £100 a year—or less—with free house from the colliery, or free lodgings, *as his entire salary*; and £30 more, at most, pays all the drugs, instruments, splints, and “surgical appliances” of the branch in general. The colliery doctor, or master, himself, thus “netts” an average clear profit of £100 to £120 per annum out of every branch; and if he be lucky enough to possess, or “farm out,” half-a-dozen such branches, here is a nice little addition to his salary from the mine-owner (*whatever that may be*) of £600 to £700 a year. Say that his salary from the mine-owner for the accidents is £300 (*a minimum sum for a large colliery*), and £700 he makes out of all his “doctors” or “assistants,” and here is an income, for doing almost nothing, of a clear thousand a year! If he be a man energetic in his profession—and energy he almost always, as a keen man of the world, has, whether professional knowledge accompanies it or not—he makes by his own private practice

among the farmers, shopkeepers, and country gentlemen—and perhaps a stray nobleman, newly grown—other £600 or £700 at least. And thus he is enabled to keep carriage and livery servant, and to associate with county families—to hunt, fish, and fowl with the aristocracy of his neighbourhood, and to *act generally the gentleman*. But if he has neither average knowledge nor inclination to practise, and if his salary and aggregate drawings from the various branches exceed the average, he makes a change in the class of his doctor's doctors—discharges his unqualified men; employs qualified ones of as low a standard, and at as low a price as possible; takes an inclination for continental travel, and acts upon the inclination. After “doing” Europe (the Tyrol and Switzerland included) in about three weeks, he or some of his imitators may be found now up the Nile, or somewhere else in Africa, “hunting up” Cameron or Stanley on his way. He may visit, perhaps, the Transvaal or the Diamond Fields, the Pyramids, the Suez Canal, the Khedive, Pasha, or the Padisha during his progress; or, possibly, hearing of the war in Servia or the Bulgarian outrages, he might “double home” that way, and become in the meantime “special correspondent” to the *Daily Smasher*. On the strength of this, his family connections with honourables and right honourables, and his general social and professional (?) standing, he may upon his return not only become a justice of peace, but aspire, and not unsuccessfully, to a seat at the *General Medical Council*, for that distinguished seat of learning, the University of Tweedledum! But lest he should take such a freak as that in his head, I mean in his absence—for he is a modest man and dislikes flattery—to apprise the said honourable body of the tricks and antics of colliery doctors' doctors in general, so that they may question and congratulate him upon them at his inauguration, if inaugurated he should ever be.

I have related how the colliery doctor's doctor receives charge of a “branch.” We have next to see him at work in his charge. Before introducing him again, however, I must say a few words upon the people whose doctor he is.

In late years, when tailors, sailors, shoemakers, masons and joiners, and even *weavers* and office clerks have severally abandoned their respective callings, and gone to work as coal-miners, it is plain that a pitman's was no bad trade. An average coal-miner, during a late period of about five years, could and did make for five hours' work daily, and eleven days in the fortnight, his £6. I have heard of a few instances of very much larger sums, but lest incurring by the publication the censure of the miners, whose chronic state in general is so characteristic of Englishmen—and Irishmen too, perhaps—namely, one of grumbling, I forbear to quote them. However, the moderate sum of £150 to £160 a year is, for a pitman's hours of toil, no bad payment. But even this does not exhaust his privileges. Every coal-miner lives in a house provided for him by the mine-owner—and these houses of late years are specially built to suit his (the miner's) every comfort and convenience—rent free. Abundance of coals he can burn in his house all the year round at a cost, to him, of sixpence a fortnight. Good water he has almost at his door for little or nothing. Very often he possesses a garden large enough to grow all the vegetables he requires, and a patch of potato ground also he may hold. These cost him nothing for rent, as they go in with the house. Moreover his rates are paid for him by the mine-owner, and taxes he knows nothing of, except he chooses—as *he almost always does*—to keep a dog. In short, a very much favoured man by fortune is the miner.

If he is a man of middle-age, say forty, or a little over, he not unfrequently has two or three sons at work, each of whom makes as much money thereby as he does. And a household of four to six workers, which receives in wages £300 to £400 or even £500 or more a year, can scarcely claim the title of "poor folks." With frugality corresponding to his industry (sometimes he is not even industrious), he might be often, for his place in life, a very wealthy man. But this he seldom is. Sometimes he wastes his earnings in decoration of self and household. He dresses, and his wife and children also dress,

in the very highest fashion—mode and material. He can buy for himself or his son a harmonium, at fifteen guineas, or a *piano* for his daughter, at thrice that sum. Good watch, often a gold one, and no end of appendages, in gold chains, seals, rings, pins, &c., he wears when fully dressed; kid gloves—the best French—and cigars to smoke, make up the *et ceteras* of his holiday attire. Similarly ornamented is his wife, less the cigars, who commonly dresses in silk gown, and furs and seal-skins she may put on occasionally. In short, as far as dress goes, these people cannot be distinguished often from the country gentry—that is when they dress in “taste,” and not with “hats” which might be mistaken for a small flower-garden; and their persons altogether clad in the several colours of the rainbow. And as for food, the best of everything, and this in season, is almost always found on the miner’s table; and this equally whether he wastes his surplus money as above in furniture, or dress, or what is still worse—gambling. The gambler is not so particular about his personal and domestic adornment as the other is, but he is no less wasteful because of this. Of gamblers there are many varieties: first, horse-racing may be the favourite speculation of the gambling miner, as it is of so many others in every walk of life, and like the others is his general experience of it—at least in losing his money, for he rarely loses his situation over it, and never gets into prison for robbing his employer through it. He reads attentively the “sporting notes” in his favourite daily paper, and although he seldom concerns himself so far as to be able to tell one much about the general news of the times, he is always willing, nay, anxious to share with you the news he has, and to give you a “safe tip” for the Derby, the Oaks, or the St. Leger, or indeed any “event” of the kind, at any time. If you thankfully decline the “tip,” he has no great opinion of your sense, but if you defer it till the “next time,” he defers his judgment of you also. So much for him, and we pass on. Next come four men—all very much alike—all champions in their line—namely, the runner, the ball-player, the bowler, and the quoit-player. A match

is made for a given day, between a pair of champions of any of the above "sports," and this match may be for no less than £5, and no more than £50 on each side, with miscellaneous betting upon both sides of several hundred pounds! Even women are known to bet upon favourites in "foot races" their two to five sovereigns!

For two or three, or more, weeks before any of these great "events" come off the champions on either side quit work and undergo preparatory "training." While off work so training, the supporters—"backers"—contribute among them a sum equal to the wages lost from desertion of work by the person under training. And if this person is a runner, a "trainer" for him is also required, and his board and salary are contributed for similarly at the same time. And thus *four idle fellows are fed and paid for neglecting their honest work for several weeks in succession for no benefit to either side!* For, after the race, upon the losing side there is lamentation and poverty for a week or two; and upon the winning side there is triumph and dissipation—"lightly come lightly go" has its full meaning here as elsewhere, and nobody but the publicans reap a harvest from such folly.

Such sports as these without the betting would be nonsensical enough, but with the betting—and to such an extent—they are even worse than nonsensical. What, therefore, can be said of the next two "sports?" I have already said that almost every miner keeps a dog; and for it he will give almost any price. Sometimes this dog is what is called a retriever—one who will guard his master's person, property, and household, with vigilance, fidelity, sagacity, and courage. Such a fellow may have his uses, and consequently his apology; but for the others, such as the greyhound, the terrier, the lurcher, and the nondescript, or simple cur, I can imagine no use; on the contrary, they are almost always getting their possessors into scrapes. The miner, however, has sundry uses for his dog, no matter what his species. On a future occasion I may relate these uses in detail, but at present I have only to do with the miner's dog, as the medium of the miner's gambling.

The dog is matched against some other dog to run a race upon a given day for the trifle in stakes of £20 a side, not to mention the betting. Pending the event the running quadruped, like the running biped, must be trained, and during the training period the dog—the *dearest love of the miner* at any time—receives increased care and attention. Besides his daily exercise the dog must have his daily food, and this is largely made up of legs of mutton, at the moderate price of elevenpence a pound. And the dog must have his daily meat, no matter if the miner's wife and children should in the meantime go without it. But this to the miner's wife is not always a hardship, as often she vies with her husband in the care of the dog. The race being run, if the dog wins there is exultation and plenty; but if he loses there is sorrow and poverty in the miner's household for a brief period. In one case the dog returns in triumph to enjoy the rewards of victory; in the other case the doubly unfortunate dog, not seldom, is cast down, alive, into some old and disused pit in the neighbourhood, and another dog in a little time succeeds to his place! Nor are the dog, the miner and his family the only losers when the race is lost. The poor dog, certainly, is the chief loser, *when he loses his life*; but tailor, grocer, butcher, draper, shoemaker, and every other man must, whether he likes it or not, suffer his share therein of the general loss. Each of them in turn (and the doctor also, when he is not a colliery doctor) when calling for the instalments of his account is met with, "Canny man, I have nothing for you to-day; we have been matching our dog, and—*he's lost*." This is told him in all seriousness by the miner's wife—the miner himself discreetly keeping out of sight. How much all these men are jointly blamable, for encouraging the miner in his gambling, by not insisting on ready-money payments from him, I must leave to their own consideration; but they *could* change all this among them if they *would*.

The last form of gambling—but not the least—to be mentioned here is called "pitch halfpenny" or "pitch-and-toss."

On pay Fridays and Saturdays a "school" is made in some convenient place, and one "lucky" man who commences perhaps with a shilling, returns home with £40 or £50, while others return minus their whole fortnight's pay! As this "sport" is declared illegal by Act of Parliament, especially when carried on on a highway or public thoroughfare, it very often happens that the "school" is broken up by the police, who summon all the "scholars" therein captured to the Petty Sessions, where they are duly admonished and fined. This upon the winner is hard enough, but upon the losers doubly hard. But upon the sport itself it is no hindrance. Some of these "scholars" are known to have paid at one court-house, at different times, more than £100 in fines, and they are *scholars yet*—by age and experience they should be *masters* by this time.

I have wandered thus far from my proper subject to show that in his general dealings the miner is not anything like a miser, and yet it is a miserly spirit that makes of him a gambler. He cares as little for a five-pound note where his pleasures or his liberty are the question as he does for a penny. I have given numerous examples of this, but I wish to add one more. When the "scholar" or the "rough" gets into "trouble," he easily raises, and he freely parts with, three or four guineas to an attorney to plead his case for him. If this pleading is successful, well and good; but if not he can raise as many guineas still to pay his fine and free him from prison. All this, viewed in comparison with what is to follow, will serve to paint the miner as the most paradoxical thing in all creation.

In our brief view of the miner so far, we have not unseldom seen him illogical, but never penurious. We have now to see him both illogical and penurious; and to see him so on two points, to him capitally interesting, namely—*the life and health of himself and his family*. Upon every other matter which does not affect these he reasons more or less like other men—that is he values everything else in due proportion to the largeness in sum of the money it costs him; but he values life

and health, and their conservator the doctor (*if he values them at all*) in inverse proportion to the sum they cost him. This utter blindness (insanity is the proper word) of the miner, is the *raison d'être* of the colliery doctor's doctor.

As before stated the colliery doctor's doctor, when in charge of a branch, is in nineteen cases out of twenty unqualified. And in the twentieth, when qualified, he is a man young and inexperienced; or a man of very low attainments, professional and general. Indeed he is often a far less eligible person than his unqualified brother. But as a rule both are worthless, for an efficient person generally knows his own value, and will not work for the salary given—and *such work* too—among such people. But whether qualified or unqualified it makes no difference to Ralph or George the miner, as all that the “doctor” has to do, to be esteemed by him as a “clever fellow,” a “canny fellow,” a “civil fellow,” a “man of skill,” and a “good judge,” &c., is always to preserve—no matter under what affront—a hypocritical exterior, and to run to attend on Ralph or George whenever he is called upon to do so. The colliery doctor's doctor is *never distinguished for veracity, sobriety, or honesty of any kind*. I might if I chose describe him by positive and forcible adjectives and nouns, but as I write for polite readers, I spare them the complete enumeration of his “accomplishments.” But the colliery doctor himself, being so generally untruthful, it would be foolish to expect the man to be superior to the master. If, however, by a chance as rare as the appearance of the white blackbird, or black swan, a truthful, honest, sober, but sturdy and independent fellow comes as colliery doctor's doctor—he *won't please* because his ways are so peculiar, and while he stays he is always “in hot water.” But the greater the liar and hypocrite he is, the more he pleases the miners, especially if his attendances are regular, and when irregular if his omissions arise *only from being drunk*. By being always “civil”—submissive is here a better word—to George, and by sharing with him drink in the public-house, and meat and drink of George's at his house,

the "doctor" from thenceforth becomes a "freeman of the house." Besides meat and drink at any time, he can use his tobacco, or *anything animate or inanimate in George's house*—*if he so fancies—he can even have the loan of George's dog!*

To be a colliery doctor's doctor—either in charge of a branch, as we have seen, or one of any number (three or four) of "young doctors" who reside with the master-doctor "indoor"—it is not, I repeat, necessary to possess license or diploma. More than that, the doctor's doctor may—although a "colliery doctor"—*never have been a student of medicine at College, Hospital, or Medical School a single hour in his whole life!* And yet here he is placed by his homicidal employer in charge of the lives of some two or three thousand human beings! Diseases in collieries, as in other places, will occur; now let us note the course of some of them. An epidemic, say of scarlatina, breaks out among the juvenile population—it is far from virulent in type, and yet these children die in fifties. Some, no doubt, would die with any man, especially those in whom the sudden retrocession of the eruption, or its imperfect development at first, produce congestion of brain and convulsions; or cases where the wind-pipe is much affected are generally fatal. But of the rest the great mass die of dropsy. Now the treatment of dropsy, after scarlet fever, is very simple, and its prevention still more simple. By keeping the patient from getting "cold" during the process of "desquamation;" by assisting this process by means of warm baths *and diaphoretics*, and by moderate purgation by compound powder of jalap, in forty-nine cases out of fifty no dropsy will occur. But if it does occur, either through *ignorance of the doctor or neglect of the friends*, then the treatment is exactly similar, but with something more active in addition. To relieve the congestion of the kidneys—the minute tubules (*tubuli uriniferi*) of which are "blocked up" with separating "epithelium"—while at the same time increased work is thrown upon them by the skin, leeches to the loins are necessary, and after these, warm fomentations. This, and the above, is the whole treatment;

and the suppression of urine, which is always present from the "block" in the kidneys, will be removed in a few days, and the patient convalescing. But if instead of doing any of these things the "doctor" *daily passes an instrument into the child's bladder to bring urine from where there is none*, what does he mean? and what is the termination? His meaning is explained when I say that such a man would seek a spring of water by *boring a few feet into a solid rock*; and the termination is, *the child dies in a few days* from continued suppression of urine, and consequent blood-poisoning.

Perhaps the above case is purely an imaginary one, *perhaps not*; but in any case any one who is at all acquainted with colliery practice, as carried on by unqualified "assistants," can relate similar experiences by the score. The consequence of all this is, that a high death-rate always prevails among the miners—positively and comparatively high counting the adults—superlatively high among the children alone. However, here, as elsewhere, Nature proves herself a kind and bountiful mother to all, so that there is no fear of a failure in the population. Most miners marry young—the men, many of them, before the age of twenty-one; and of the females not a few are mothers at fifteen, while sixteen, seventeen, and eighteen are the common ages of young wives.

Being blessed with a fertility like that of the cotton operatives, they grieve not much over the loss of three or four children in one household, more especially as in the matter of death and sickness they are a highly provident people as a class; for however much they suffer in life, or how they behave, at death they wish to be "*respectably put away*," and to have plenty for *the guests* at this "putting away." And when, for two or three deaths of infants in a house, sums of money, varying from £12 to £36, were received from "clubs"—and receivable until the commencement of the present year of grace, 1876—it will be thought by many that the Act of Parliament was by no means uncalled for, which limited insurance upon children's lives, under ten years old, at a maximum of £6. As a rule, parents

among the miners care as much for their children as do most other classes of the population ; still it is always well not to put people's affections to too severe a strain—particularly where money is in question. I have myself witnessed cases in which more than indifference was shown to the fate of the little sufferer ; and I have heard of many more in which it was alleged a mother would express herself thus : “ *It's only a bairn—let it be gannin'—there's plenty o' mair bairns to be gettin' !* ” With such a feeling existing at all among a people, and with the institution of colliery doctor's doctor affording a cloak to cover every crime—murder included—it should cause no wonder that *one* Mrs. Cotton was discovered in recent years ; or rather the wonder, if any, should be that—considering all things—she was ever discovered. From what is gone before, it is plain that any amount of murdering can be done by a person inclined thereto, under the very noses of the colliery doctor's doctor. Aid this murder—ignorantly—they may, and very often do, I, for one, have no doubt of, but *detect it—never.*

As tending to illustrate the indifference to life and suffering among these people, I may be excused for telling a little story. A few years ago cholera of a malignant kind appeared sporadically in a mining district in the county of Durham. A medical friend who was then acting as colliery doctor's doctor, and who had already attended shortly before some two or three cases of it in the district, received an urgent call on a hazy afternoon of an autumn day. The call came from a place about three miles from his residence, and this was the manner of it. Messenger : “ Doctor, you are wanted immediately at Cock-fighters' Row.” Doctor : “ Who is ill at Cock-fighters' Row ? ” Messenger : “ Sam Gray.” Doctor : “ What is the matter with Sam Gray ? ” Messenger : “ He came home bad from the pit about twelve o'clock, and he is much purged ever since.” Doctor : “ Is he vomiting also ? ” Messenger : “ He is.” Doctor : “ And cramped besides ? ” Messenger : “ He is cramped as you say.” Doctor : “ Then Sam Gray has got cholera—come in till I make up some

medicine which you will take with you to him, and I will follow immediately." Messenger: "But if it should not be cholera? Would it not be better if you would first come and see him?" Doctor: "What is your name, sir?" Messenger: "Tom Jones." Doctor: "Well, Mister Tom Jones, will you take the medicine or will you not? Sam Gray *has got cholera, I tell you, and there is no time to lose.* If I go to see him, and return here before making the medicine for him, that is six extra miles to be travelled, and Sam may be dead long before that." Messenger: "I will take the medicine." Doctor: "Very well. *Now keep the cork tightly in this bottle.* Go home as fast as you can. Give Sam half a wineglassful of this every half hour till I come. Put hot bricks, or jars filled with hot water to his feet; and put wet mustard on cloths, or hot poultices of mustard and linseed-meal on Sam *from the lowest part of his belly to his chin!* I will follow when I get a mouthful of dinner." Mr. Tom Jones departed on his errand, and the doctor followed on foot (£100 a year would not keep man and horse) as soon as possible. Sam had got the medicine once when the doctor reached him. The bottle lay on a table *with the cork lying beside it*, and the very volatile substances of the mixture scented the room, which was in disorder generally. A patch of calico, about the size of a man's hand, with mustard spread upon it was laid over Sam's heart—who was now in a state of collapse, and spoke in whispers—this completed the rest of the treatment. The doctor, who was not distinguished for gentleness, freely spoke his mind, and commenced, and compelled, a more active treatment. During the hour he remained with the patient poor Sam rallied a bit, and when other duties forced him away, his last words were: "*Don't slacken your labour — persevere.*" This was at six o'clock—at midnight poor Sam was dead. The doctor had no sooner turned his back than five bottles of whisky were sent for *out of the "club money" in prospect.* Nominally it came to give strength and courage to the men who, at the doctor's instructions, were "rubbing" Sam; but really it came to "wake" him *before he was dead!* for when it came they

filled themselves drunk all round—men and women—gave up the rubbing, and entirely forgot poor Sam!

The gaps made in the juvenile population by the colliery doctor's doctor—assisted now and again by an opportune epidemic of measles or scarlet fever—being so easily filled up, and with the compensations in "CLUB MONEY" to console torn affections, in addition, it might be thought that the doctor's office among such people was one of pure beneficence. And so it is, from the number of children which he annually sends to Heaven—who, if they ever reached the adult estate might never see it. For this alone, the colliery doctor's doctor deserves a "*testimonial*"—hundreds receive "*testimonials*" in our time for far less worthy acts. But unfortunately *his* WORK is not confined to infants; people of all ages receive the "happy despatch" at his hands, and when they die, if he has been during the illness but constant in his attendance and given the patient plenty of medicine—*no matter what, if only duly bottled and labeled*—the friends and neighbours say of him, "What a canny fellow," "Nice man," "He paid due attention," "Did all he could," &c.; and of the departed one, "Poor body, his (or her) time was come," "Doctors are no use when death comes," and "One doctor is as good as another," &c. This and similar modes of taking leave of life in colliery districts is called, as in other places—"*natural death*;" there is another mode still to be mentioned—*death from accidents*. Before sketching it, however, I must say a few words upon "*Certificates of Death*" (so called) in cases of "*natural death*." Not the least peculiar thing in colliery "branch" practice is the mode of signing certificates of death as these deaths occur. *The master doctor AS A RULE never sees these patients alive or dead, yet when they die a certificate is duly filled in on a printed form and signed in his name by his unqualified and incompetent "assistant."* This certificate bears upon it—that the person therein designated *was "last seen" upon a certain day by the man whose name is thereto attached*. And said certificate is duly sent to the sub-registrar of deaths, &c., for

the district. Now it would be interesting to know if the REGISTRAR GENERAL and also the GENERAL MEDICAL COUNCIL are aware of this practice. For my part I believe that the REGISTRAR GENERAL is fully aware of it, and has given orders to sub-registrars to enter in their books all such deaths as "*uncertified*." But in remembrance of Clause XLIII. of the *Medical Act*—already quoted—which imposes upon the GENERAL MEDICAL COUNCIL CERTAIN DUTIES, *its silence and inaction here* is, to say the least, extraordinary.

Sometimes it happens that the colliery doctor's doctor—from forgetfulness to keep accurate accounts (official) in money matters and other trifling causes—differs with his employer and sets up to practise on his own account; and then the master engages a new doctor. When this happens there is a pretty "professional" scramble constantly going on between the rival "doctors" for the sixpences of the miners, and the man who can make himself the more popular—by means already indicated—is the man of greatest fame and practice. Here the "new doctor" signs all certificates in the master's name as did the other before him; and the "old doctor" signs in the name of some brother, brother-in-law, or other friend who is qualified, and who resides any number of miles—from half a dozen to a score—away from the neighbourhood. Or failing this and growing daily bolder by successful scheming, he writes himself down a licentiate of one or more of the many corporations in Great Britain and Ireland, as given before at length elsewhere. So emboldened by success do these fellows become that *they have been known to give evidence upon oath in minor law courts and also at coroners' inquests as qualified men, and TO SWEAR THEMSELVES SUCH*. And yet it is *nobody's business to prosecute*—the coroner, being generally an attorney, is not such a fool as to prosecute; the qualified men in the neighbourhood are deterred from prosecuting by the expense, and by the loss of popularity it would cause them; and the GENERAL MEDICAL COUNCIL, which realises an annual income of between £4000 and £5000 from registration

fees and another £1000 or so from funded property (from careful investment of such fees), coolly reply to all applications on the subject that IT IS NOT A PROSECUTING BODY!

Speaking of coroners' inquests brings me to the consideration of deaths through accident among these people. When a miner is killed instantly in an accident, or dies immediately from its effects, it falls not for us to notice here whether the formal inquest which succeeds it is strictly *en règle* in every particular. But when he lives some time after the accident and is attended by the colliery doctor, or his doctor, the case is different. Many a time a poor fellow receives an injury at, or in, a coal mine, which is not by any means a fatal one *per se*, and yet in a few days or weeks it ends fatally. This fatality may arise from neglect or ignorance on the part of the doctor, or ignorance and obstinacy on his own part. If on the doctor's part, he—the master-doctor—may be away from home on his Christmas, Midsummer, or other “holidays,” or on his marriage tour, or some such *indispensable* business. The accident happens, and is attended promptly, or perhaps after the lapse of some hours, by some one of his many “assistants.” He comes and must do *something*, although *what* he knows not. If the case is severe, he sends for some other doctor (a friend of the master) who may live near or far from the neighbourhood, and who may be from home also at the time. Hours pass, and the friends, not unnaturally, grow impatient. They call in a man of their own—perhaps a qualified man, perhaps a man in all things similar to the one in attendance, and perhaps a bone-setter. Agreement among the “faculty” in such a case is quite impossible; “scenes” take place in presence of the injured man; friends as well as the “faculty” are utterly puzzled, and *the man dies* sooner or later—according to the *nature* of the injury and the *kind* of “treatment.” An inquest follows; swearing, squabbling, and mutual recriminations among the “faculty” are *the order* here, and nobody is certain of anything only *that the man is dead*. Coroner and jury, bewildered in the general muddle, advise each other, and a

verdict of "*accidental death*" is recorded, and thus the matter terminates. Or the accident at first may be little more than a simple laceration of skin and subjacent tissues—a couple to three inches in length. So simple is it that the man walks to his home from the pit—distance a mile or more. He is attended by the colliery doctor's doctor. After the lapse of a week, two, or more, alarming symptoms appear, the friends become uneasy, another man is called. He declares it to be a case of "blood-poisoning," or something such—*the man dies*, now, in a day or two, all the same whether at the time of the accident he was weak and sickly, or a young man thirteen to fourteen stone in weight, and in prime of life. An inquest follows in course; attorneys appear for interested parties (master colliery doctor included), "scenes" here again are frequent, and the order is, general badgering of each other, and general hand-shaking with coroner all round. Everybody being heard, the coroner *lays down the law* to the jury, who again return "*accidental death*" as their verdict, but this time perhaps with an addition of an unanimous "vote of censure" upon the master colliery doctor for his neglect, and for employing unqualified men. Being *not unused* to this, he knows that it MEANS NOTHING, he smiles, bows complacently and politely to jury and coroner, and retires triumphant from the place in company with his man of law. To yield to the requirement of appearances somewhat, he perhaps discharges from his employment this particular scape-goat of a doctor's doctor, but, if so, he employs another equally or it may be far more incompetent, and thus he goes on a happy, prosperous, and contented man in the daily and yearly round of life.

From the "bad jobs" in surgery daily made by the colliery doctor's men, as can be guessed from the foregoing, it follows that the public have far more confidence in bone-setters, in cases of injury, than they have in doctors. And thus it happens that many men obstinately refuse to suffer amputation of a limb at the hands of the surgeon when an amputation is necessary, and lose their life, it may be, in consequence of such obstinacy.

During life the colliery doctor helps to keep the coroner in work. Nor is such close friendship always forgotten in death. Sometimes the "crowner" "sits upon" the doctor after death—a few such instances are not unknown to me; and from his habits the general public will not be "surprised to hear" of many more.

So much being said for the WORK in general of subordinate colliery doctors, it only remains to mention how the "force" is recruited and filled up. The "rejected," or "plucked," candidates for diplomas throughout the "three kingdoms" are still good enough for colliery practice. These—or as many of them as offer—being "used up," students who have spent a session or two at the schools are highly eligible for the office, and both of these failing to supply the demand for "doctors," chemists' and druggists' assistants who have spent six months behind a counter in retailing drugs, make up the complement—whether it be large or small. Even old miners who have retired from the pits from age, infirmity, or laziness, and who can scarcely write their own names, have been made "*paid assistants*" by colliery doctors. Very little intelligence on one side, and very little instruction on the other, suffices to learn the "art and mystery" of extracting teeth, attendance in an ordinary case of parturition, stitching and plastering up a simple wound; and as for medical practice, the signs, and more so the symptoms, here being more commonly *subjective* than *objective*, any name for a disease will do, and any treatment is good enough, as long as the doctor gives medicine *without stint*. Of this medicine, sulphate of magnesia, at about nine or ten shillings a hundred-weight, is not the *least common* ingredient in the bottles sent out, nor is it the *least useful*. This, with certain bitter infusions (quassia the chief), the mineral acids—sulphuric, nitric, hydrochloric—with or without such infusions—the bicarbonates of soda and potash, the nitrate and chlorate of the latter, calomel, "grey powder," Dover's powder, tartrate of antimony and potash, opium, in powder or tincture, the sesquicarbonate, and the hydrochlorate of ammonia—these, with perhaps a few similar additions, form the somewhat limited pharmacopœia of

the colliery doctor's doctor. But for the more expensive medicines, such as the wines and tinctures, the æthers, the iodides, and bromides, and the sulphate of quinine, &c., it falls to the lot of but few doctors in colliery practice to dispense these. Nor would it be reasonable to expect that, for the payment of sixpence a fortnight, they could supply them—to say nothing about visits—it might be to a whole family of eight, or ten, or more persons. To this statement it might be answered—"Why not?—for in 'club practice' one pays for another—the healthy for the ailing." To this I say No, and for this reason—*no miner pays to a doctor but with the expectation of getting far more than the value of such payment in return.* Men there are by nature so peculiar that when dining at an "ordinary" or "club dinner," they must have their due share of everything brought to table, and when meats are disposed of, vinegars, sauces, pickles, preserves, catsup, follow, *even mustard* is gulped down in tablespoonsful! So is it with the miner and his physic. A doctor receives an urgent call ("*come immediately*" is the word) from a miner's house. He goes, looks round, and inquires, "Who is ill?" The miner—it may be black from work—sitting before, and "doing justice to," a leg of mutton, or a "roast of beef," answers, "Me." "What is the matter with you?" asks our friend. "Well, you see my appetite for the last few days is not so good as it was, and I want a bottle of queen-ine or summat to improve it." And thus *even in health, he swallows bottle after bottle of nauseous stuff all for the sake of getting value for his sixpence!* Even in the matter of paying these sixpences he is not at all particular. He "shifts" to a strange colliery, and is there six months perhaps, or more. Such a trifling thing as paying to a doctor he, in all that time, never thinks about. Suddenly some one of his family takes ill—*it may be his wife, son, or lodger, in "drunken fits" on "pay night"*—and he goes in the middle of the night to call the doctor. The doctor, if a *poor spiritless fellow*, answers the call, and goes to the patient, although he knows that the fellow has never paid a sixpence, and further,

that he means not to pay one. Perhaps he has his "notice" in already to "shift" again. Or if he pays now, it will be only for two or three pays at most—the late illness, whatever it was, has then terminated one way or other, and he will pay no more *till he wants the doctor again*. But take a case—a rare one—where the doctor is in all respects "wide awake." John Smith comes as before in the middle of the night to call him. "Well, John, I don't know you," shouts the doctor from his bedroom window; "have you got any money to pay for this attendance?" "Money! no!" says John; "why, mun, I ne'er heerd o' the likes o' that afore—I'm payin' ta ye." "You are *not* paying to me, John." "Weel, mun, it's all a mistak—I hav'na been here mony months yet. But I'm payin' to *some doctor I'm sure*; I thought it was ye. I telled the owermun *this time* tae keep it off for ye, but it'll bee aw reeght next time." "That won't do for me, John; you are at this colliery nine months now, you have paid nothing yet, and I won't go without the money." This rather puzzles John a bit, being unused to such "treatment," but he tries "another dodge." "Weel, mun, ma bairn is verra ill, an' if ye dinna coom the neet, and hee dees, I'll gan to the polis an' hae ye ta'en up." "I care nothing for that talk, John." "Then, you b——" (beggar, maybe), "I'll gan the morn tae the maisters on ye—ma ain maisters an yeere maister tae." "You and your 'maisters' can go, John, *to the devil—the master of the whole pack of you*," shouts the doctor as he closes down the window, just in time to hear a chorus of yells from John's friends, who have accompanied him, and exclamations, such as "Pull the b—— over the window," "*Hoy a stane or a brick at him*." Needless to say this kind of doctor won't remain long a subordinate about a colliery to any kind of "maister"—his own or any other, as at first he must have found his way there by mistake.

In concluding this short sketch of the colliery doctor and his doctors, I may say in perfect truth that the doctor and his practice are in all respects worthy of each other. It is end to end all through a game of wits, or "diamond cut diamond,"

between the miners and their doctors ; and the best educated wit, as usual throughout life, wins the day—although the triumph here is barely worth the candle burnt in playing for it—so far at least as the doctor's doctor is concerned ; and although no man of average self-respect, to say nothing of honesty, could play such a game.

“Sixpenny practice” being so very low, an odd colliery doctor here and there will not accept it. This no doubt is some slight advantage to an independent doctor, who may settle in a colliery neighbourhood—independent only in this, that say he possesses no public appointment whatever—colliery, or other. This at first sight promises an appearance, at least, of something more professional than the state of things just related ; but it is *only appearance*, for the *degradation of colliery practice* reaches even here. The independent doctor, who although independent may be very poor, charges chiefly *for advice and visits*, while he charges for medicine too. And he regulates his charges in every case according to the position or income of his patients, and the relief flowing from his treatment. His neighbours charge *nothing for visits or advice*, not once in fifty times, *but only for “physic,”* or pills, lotions, ointments, and bottles of medicine. If he appeals to them, and says that this is a lower style than that of chemists and druggists who sell medicine and prescribe over the counter, they excuse themselves by saying they cannot help it, because obliged to compete with threepenny doctors ! all about them. Conclusive reasoning this is, so each from thence goes on his own way. The man who feels himself obliged to compete with “three-penny doctors” finds it necessary to keep three, and sometimes four horses, constantly on the road, and any number of “assistants”—(qualified or not)—from two to four. Polite and well-bred these gentlemen are, and those among them who have not studied for a six weeks' term at Paris, Vienna, Berlin, Zurich, or Brussels, deem it the proper thing to copy their master, who probably had six months' training in early life *at Paris*, in everything, and who might now be taken for a

gymnast or fencing master. Were it not the very acme of rudeness to remark upon their good manners, alike humorous and amusing, it would be to notice *how* they lift their hats to the tailor or baker's wife, the milliner's apprentice, or the blacksmith or publican's daughter. But while so particular in politeness like this, as to have *worn a hole by it right through the brim of their hats, where the thumb and forefinger now touch each other*, the pressure of practice and consequent demands upon their time will not permit them to *promenade à pied*, after the advice of Chesterfield, who declares rapid walking through the streets to be highly vulgar. Meet these gentlemen when you may, by day or night, and they are flying through the country on horseback or running through the town on foot, and they have scarcely time to reply to your "good-day." "Bless my soul, what an immense practice Doctor Sweetman has!" you hear remarked on every side. You smile blandly and say "*He has*," but at the same time you have been informed *at houses where the doctor has visited* that they have as many bottles full of his medicine now lying in their cellar as would stock a small apothecary's shop! And you hear from other people that the doctor's gentlemen visit almost daily the houses of his patients—sick or well—the same as butcher, pedlar, or other tradesman would come seeking orders, each in his line. And further you hear that the doctor, and any number of his doctors up to six! have visited, one after the other, in one day, a patient—*neither hypochondriacal nor wealthy*, for a very simple illness.

All these things considered you grudge not the doctor his success, accomplished as it is at such a cost; especially if you, in a far more humble way, enjoy leisure by day and your rest at night, while your friend's doctors scarcely get to bed one night in a week; and more especially if your income satisfies your wants, and that it is ample in proportion to your labour. You are satisfied with your whistle, and you think your friend pays overmuch for his.

Having now "taken" the colliery doctor at full length, it

would be useless repetition to call up for examination the iron doctor, who may be described shortly as twin-brother to the other man, only that he is not given to planting squatters, or little farmers, upon his estate, as is the colliery doctor. But his estate, while equally large in numbers as the other's, is much more limited in surface, and thus, for its proper cultivation, does not require deputies, planted away in distant colonies. But if it did, I have no reason to doubt that his action would be in all things similar to that of the colliery doctor. By the aid of two to four "assistants," whom he holds in hand immediately under himself, the iron doctor manages his estate. In all essentials these assistants are as like their brothers in colliery practice as one Cossack, or Bashi-Bazouk, is like another. Nor is this to be wondered at, for throughout Nature generally, *like produces like*. And the colliery people and iron people are very similar—whatever difference, if any, is, the latter drink more, eat better, *if possible*, are not by any means so particular about fine clothes and furniture, and part with money more freely than the miners. That is they part with it for everything or anything, only the due remuneration of their doctors. But everything considered, they, doubtless, in the aggregate, pay these in full for the value received of them.

The colliery doctor and the iron doctor bring to a close, for the present at least, my review of the regular practitioners, with their somewhat irregular practices. If the profession in general receives not from the public that respect and that recompense *which is its due*, it may blame only itself. The world in general takes its estimate of us individually at our estimate of ourselves—especially so when our estimate is a low one. But if we make it too high, we always find some candid friend to whom it gives a pleasure to undeceive us. If very candid he whispers in our own ear his opinions and advice; but if not so candid, while he in private spares us this, he somehow finds means to set the public laughing at us behind our backs. And here—and to prevent this—I would humbly

suggest to each member of "our noble profession"—from the great man who sits at the *General Medical Council*, and whose "luck" is to attend on Royalty itself in sickness, to the humble "parish doctor" in the poorest part of the kingdom—to listen with attention to that great moralist *Don Quixote*, as he thus delivers himself to *Governor Sancho Panza* on the latter preparing to depart to his Government:

"*Has de poner los ojos en quien eres, PROCURANDO CONOCERTE À TI MISMO, QUE ES EL MAS DIFICIL CONOCIMIENTO QUE PUEDE IMAGINARSE. Del conocerte saldra el no hincharte como la rana, que quiso ignalarse con el buey; QUÉ SI ESTO HAZES, VENDRÀ À SER FEOS PIES DE LA RUEDA DE TU LOCURA LA CONSIDERACION DE AVER GUARDADO PUERCOS EN TU TIERRA.*"*

If the Don, in inculcating self-knowledge, could be excused for reminding such a mighty person as a Governor that he had been in his own land, at one time, a swineherd, it may be permitted us to advise these sons of barbers, tailors, bakers, miners, publicans, and others to let their new dignity sit lightly upon them—whatever that dignity may be—whether legal, pontifical, or even vice-regal; and not to be ridden to death with it, as by a nightmare. Ye practising attorneys and doctors, elevated to the commission of the Peace; and when on the bench comporting yourselves as Dogberrys, to the disgust of the "territorial aristocracy" sitting beside you, and your own reproach, take lesson! And ye red-coated squires of the hunting field (qualified or unqualified) on sixpence a fortnight, take lesson similar! Even ye MEDICAL COUNCIL MEN, called in to consult with a colleague of lesser fame, in poisoning case or other, be gentle and act not, nor speak *without due consideration*. Or,

* "Keep before thine eyes who thou art, and try to gain the knowledge of thyself, which is knowledge the most difficult imaginable. Such knowledge will keep thee from puffing thyself up like the frog who sought to equal herself to the ox. If you should act like her the wheel of thy fortune will have ugly peacock feet, in consideration that thou hast been a swineherd at home."

if the “necessities of your position compel you to employ “assistant doctors,” try to make of these—*gentlemen*, as I hope *you are such yourselves*. Finally, whatever rank you hold in the profession, in your intercourse with the public and with each other, be careful of every man’s fair fame, but at the same time never fail to witness to the truth; and thus you will come to claim respect—and, better still—to deserve it.

Dismissing thus, the “profession,” from the man—metropolitan or provincial—whose description (titles and works) takes up half a column or more in the *Medical Directory*, to the most junior student, we must now devote a few words to the very “irregular” men—the *soi-disant* “doctors” and “professors” of towns, and the medical botanists, or herb-doctors, and others of the country places.

The limits of this little work compel me to treat these gentlemen with scant consideration—far less than the miners’ doctors have received. I apologise for this, however, and promise that, in succeeding publications of mine, they shall have attention, in some degree proportionate to their number, importance, and accomplishments generally.

In limine, I may say that, in view of the extraordinary—not to say miraculous—cures made daily by these “professors” everywhere, the wonder is that there is such a thing as disease existing in any place in the world at this time of day, or that any one dies from such upon the whole surface of this planet. Lift up any, or almost every, newspaper published in Great Britain and Ireland, and no matter upon what other subject they speak diversely—often flatly contradicting each other—they are all unanimous (at any rate so far as advertisements are concerned) in proclaiming the “wonderful properties” of Professor A.’s “Blood Mixture,” B.’s “Blood Purifier,” C.’s “Balsam,” D.’s “Elixir,” E.’s “Syrup,” F.’s “Essence,” G.’s “Pills,” H.’s “Worm Killer,” and so on, to the end of the alphabet. Having exhausted it, if you please, begin again at the cardinal numbers, from one to one thousand and one, and

you have this doctor's "Restorative Pills," that other's "Tonic," and such a one's "No. 995 Pills," one box of which "is warranted to cure" any disease in the entire classification, from Neuralgia to Cholera Morbus. Sometimes, especially in the "Nervous Debility" line, "Loss of Manly Vigour," "Early Errors," "Woman; her Duties, Relations, &c.," these advertisements are neither very nice nor very decent, and not very proper to be received in a "model English home." But no matter, so long as *they pay*; and this they appear to do, threefold at least.

First, they pay the philanthropic professor or inventor; second, they pay the newspaper manager; and third, they pay the Government, which takes care that its Excise shall not be defrauded out of the threehalfpence, threepence, or more, levied in stamp-duty upon each box, bottle, pot, or jar of these "invaluable and never-failing" compounds; and thus it gives by its stamp, its sanction, or "*imprimatur*," to the vilest of works. For an ignorant and credulous public believe, first, that anything they see printed *anywhere* in a newspaper *must be true*; and next, when the things they inquire for are handed to them over the counter, with the Government stamp affixed thereto, that no further confirmation of them is required.

But search the private homes of this same public for "results," and what a terrible indictment against this system will be found written out in the records of murders and suicides, lunacy and destitution which they bring forth. In short, after the work done in this line by brewer, distiller, and licensed victualler, the work of the whole herd of advertising and travelling quack-doctors comes next in account.

From this account I wish to exclude altogether a detail of the *work done by professional abortion-mongers* in this country, because the subject is utterly unfit for handling anywhere, only, in a strictly professional publication, and even there it must be treated with tact, delicacy, and reservation. But without this history enough still remains for our consideration.

In all the large towns in Great Britain—but chiefly in

London, under the eyes of the well-paid and little-worked *Medical Council*—these mountebanks may be found in dozens; in London itself they can be counted by scores. The chiefs of the metropolitan “faculty” have generally fixed abodes, and these are situated in no mean quarter, but in “square,” “circus,” “crescent,” or “place.” Of the others, the most part are as vagabond as gipsies, and their fortunes very often change as rapidly as their nightly dormitories change. Thus a learned “professor” may *be at home* to-night among tramps in a common lodging-house, or in a workhouse as an “amateur casual;” or may sleep anywhere, from the shelter of a hay-rick to a cell in the county prison, where he is confined as a “rogue and vagabond;” or under detention at the police-office, “run in” among the “drunk and disorderly;” and in a brief three months’ time may be found as “dressed up” as an alderman, and in possession of carriage and livery servant, *comme les autres*. Or being now in the enjoyment of these good things, grand domicile included, the next turn of his wheel of fortune may be fitly expressed by the line from Virgil—“*In veterem fato revoluta figuram*” (returned by chance to his former state). But however found, at any time, his instincts and his practices suffer no change. These are essentially the instincts of the pillager, the robber, and the swindler. The son of Abraham, who in this Christian country wished that if he *ever ate a mouthful of honest bread that it might choke him!* was a worthy disciple of the quack-doctor, and if he was not himself one, he deserved to be—for the principles, if not the ideas, of both are identical. And now for his practice.

The smartest of business men is the quack-doctor, and he has gauged the public well, when he spends such immense sums in advertising. These advertisements bring to his net fish of all kinds, from leviathan to such minnows as clerks, tradesmen, miners, and farm labourers. But he never feels his success complete until he has become an author.

Having published his “invaluable treatise,” he advertises it “post free” for any number of stamps—from two to thirteen.

And lest any "poor sufferer" should fail in obtaining a copy, he most humanely supplies himself with a general directory, and by it forwards *his work* to merchants at their counting-houses ; to officers with their regiments or at their clubs ; and to clergymen, shopkeepers, and farmers, at their homes in the country. Among the wealthy classes, he catches by this means dupes not a few, and having "hooked," he bleeds them, in any sum from £50 to £500 or more. For once in his clutches, he proves to them a terrorist, and the terror is—exposure. Upon rare occasions now and then he meets with a sturdy fish, who fights (this to the fish is, to escape in triumph), but his loss here is amply made up by the other cowardly victims whom he helps not seldom to drive into bankruptcy and ruin, or it may be into lunacy or suicide. In my own experience I claim to having seen nothing extraordinary, and yet I know cases where such as a working man *suffering from indigestion only*, has sent to a single one of these London vultures, sums of money amounting in the aggregate to more than £40 ; and for not only no relief, but much injury to the patient. Other cases I know where working men have been in correspondence with, and *working for*, no less than six of these fellows successively and with results the same. The "swell quack" in the provinces is in all respects the counterpart of his London brother, but both are guilty of still more infamous doings than those just reported. Indecent advertisements are bad enough, whether in a newspaper or on dead walls in towns, but when such as are too grossly indecent to be published thus, are thrust into the hands of youths and females as they walk through British towns, most people will think that this is a somewhat overstraining of the boasted liberty of British subjects.

A constant *shifter* himself, the quack doctor lives upon the *shifting* and the *shiftless* ; for besides the bashful and the incurable, the simple, the credulous, and the dissatisfied are the proper prey of the quack. The over-reaching and the "penny-wise" also contribute their proportion of grist to his mill. And of these the miners form no little part. A "foreign pro-

fessor" settles for a few weeks in some neighbouring town, and to him they flock in droves, because he *promises* such *impossible* things; and while they pay their own doctors their miserable *threepence* weekly with a grudge, this land-shark wheedles them often out of, at a single "consultation," a *greater number of pounds*. Having "worked out" the district for a time, his departure is then as sudden as was his advent to it, and with a change of name—as from Frost to Snow—he sets off for "fresh fields and pastures new." And having thus made the round of Britain, he returns, perhaps in years after, with a new name and a "new make up," and passing for a stranger, he reaps again the abundant harvest sown and matured during his absence.

Or having riotously dissipated his ill-gotten gains, he makes a sudden descent upon a pit village—tattered, shoeless, uncombed, unshaven—a bundle of printed bills, and a few bottles in threadbare carpet-bag, his sole stock-in-trade. The morning of his arrival, it may be, sees him *without threepence* to purchase a glass of whisky, to "set him up," and yet at night he returns to his lodgings *roaring drunk, and with sovereigns, five or six or more, in pocket*, the proceeds of one day's labour. During the day he has fallen upon one or more unhappy human beings dying of cancer or consumption, and from these he draws to their *last penny*—*this obtained perhaps by pawning coat, shawl, rug, or blanket*—by promising to them a "perfect cure!" The wonder is that people are found who remain so simple to the last moment, for the sovereign or more that this heartless plunderer now robs them of, is not the only one by some half dozen, parted with under similar conditions to some of his *brothers* months before.

Having reached a climax, I might fitly close accounts with quackery here; but I must introduce at least other two varieties of the "irregular faculty"—just to round off this chapter,—for the genus itself is imperishable—the species without number.

The attentive reader who has followed me throughout

(wearied enough at times I well can believe) will now think that the Briton at home is a *very much doctored man*. If he thinks so, he is not far astray, for every man and woman—old and young—one meets, is naturally a doctor, *whether they have any other trade or not*. This being so, it is not much to be remarked upon, for chemists and druggists—or pharmaceutical chemists as they are now called—to “take up the trade.” Throughout Britain generally, but especially among the miners, a great proportion of these gentlemen (who make in their windows exposition of *their diplomas!*) practise over their counters as doctors, and some even *visit patients* and attend *half-guinea midwifery*. While they “stick” at no disease, their “specialties” are “coughs, colds, rheumatics, and children.” In the latter branch or specialty they are unwearied lieutenants, or lieutenant and adjutant to the army of colliery doctors’ doctors; and between *both of these, the mothers, and the midwives, the wonder is that any little innocent is spared from the general massacre!*

The last man upon our present list is the miner who “takes up the profession” of medicine. When George, John, William, or Ralph sees all other men become doctors, *even the village bacon man and grocer who sells tea and drugs, and who visits patients*, he thinks—and justly—that *he has as much right to the “profession” as any other man*. Having reasoned himself into this thought, he first learns the alphabet—in time he reads—at last he struggles to write his name, so that he himself at least can read it. *By this time he is a doctor*. For his *vade mecum* or primer, reading-book, Bible, lexicon, all in one, is some treatise on botany and herbal medicines by some renowned “professor”—British or American—and having “mastered him,” *he is as good a doctor as the others*. So at least he thinks himself, and so his friends and neighbours think too. For upon William or Ralph taking out a “*patent*” from the Excise for his “essence,” “cordial,” “syrup,” or “balsam,” he is considered to have graduated in his “profession;” and you next find him giving up his daily work down the pit, and making a circle of the country *with horse*

and gig, visiting patients, and dispensing his balsam. And for the poor colliery doctor's doctors who cross his path *on foot* during these journeys, he feels pity mingled with contempt; but to prove that he is neither proud nor spiteful, they are welcome to a ride in his gig, and a "drink" at his expense at any public-house they come to on their way.

With this brief account of the miner turned doctor, I conclude a chapter.

CHAPTER VI.

CONSIDERATIONS—SUGGESTIONS—CONCLUSION.

IN review of last chapter the attentive and *intelligent* reader, who was before unlearned in the mysteries of the profession as they exist in Great Britain at the present time, cannot fail in being inclined to a little meditation here. And in thinking it may possibly occur to him, that after all, the good people of Valladolid—who we know, on the authority of *Gil Blas*, esteemed their great doctor *Sangredo as another Hippocrates*—were not so *very* unreasonable; as human nature is, as nearly as possible, the same everywhere. But if he continues to think, and if he is at the same time the least cynical, it must strike him as something odd that while in this country hordes of *ignorant labourers, miners*, and others are allowed to invade the profession with *little or no protest, from either within or without*, a few *educated women who try to enter properly by due study and examination* are met with ridicule, clamour, abuse, and every obstacle which the rougher sex can invent or contrive against them. This is, to say the least, neither very manly nor very professional, but it is highly British nevertheless. Continuing his meditations further, he may consider it a little surprising that the *General Medical Council*—which has now become a *very wealthy BODY upon the Registration Fees of the profession*—does not employ at least a part of that wealth (no matter how small a

part) in prosecuting and suppressing these *very irregular practitioners*—some of the doings of whom we have just been considering. And lastly, as he passes in review the inertness and apathy of the said BODY for anything, only, *direct receipts and disbursements of sums of money*, he may be inclined to ask himself why and how long will the general profession tolerate such a state of things?

In answer to these possible cogitations of our unknown friend I propose now to devote a few of these pages; after which, “if I have time,” I purpose further to make a few suggestions.

First as to the *General Medical Council*. To every application made to IT, to put the prosecuting clauses of the *Medical Act* in force, IT replies with a potential *non possumus*—or in other words IT declares itself to be *not a prosecuting BODY*. But if *you* prosecute, upon *your own purse*, an offender against the Act, you may do so and welcome. And if your prosecution fails you are welcome to this also. But if you win, at law, you receive nothing of the penalty, nor yet any return of your *own outlay*, except what the *General Medical Council* may choose to give you—and this has been *as low a sum as a sovereign in lieu of an expenditure by the successful prosecutor of nine or ten*, and where the penalty was ample. This being the general state of affairs it may cause surprise to nobody to learn that prosecutions under the Act are rare, and occur perhaps about once in every half dozen years; and when they do occur “trade rivalry,” or “professional jealousy,” is the motor of them. In relation to all this, I shall again quote here some of the clauses of the *Medical Act*; and after that prove from the official report of the *General Medical Council* that this BODY possesses a *plethora of unused funds obtained from the profession*; and I shall then leave each of my readers to judge the whole question according to his own instincts, interests, or idiosyncrasies.

By Clause XL. of the *Medical Act* it was “made and provided” that:—

“Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall upon a summary conviction for any such offence pay a sum not exceeding twenty pounds.”

Clause XLI. I need not quote, because it merely states how the fines are to be recovered; but the two following I do quote, because they express the allocation of these fines after they are recovered.

“XLII. Any sum or sums of money arising from conviction and recovery of penalties as aforesaid, shall be paid to the Treasurer of the General Council.

“XLIII. All monies received by any treasurer arising from fees to be paid on registration from the sale of registers, from penalties or otherwise, shall be applied for expenses of registration and of the execution of this Act.”

Now, to the non-legal, and to the ordinary medical mind, all this appears plain enough, and *why* Clauses XLII. and XLIII. are not taken *to qualify*, or enforce Clause XL., *is the puzzle*, especially as the coffers of the *General Medical Council*, although *rather roughly strained betimes*, are still really inexhaustible.

To prove this, I here append from the MEDICAL REGISTER of the current year, the official statement of accounts as ordered by the *Medical Act* to be made annually by the said Medical Council:—

General Council of Medical Education and Registration of the United Kingdom.

RETURNS TO BOTH HOUSES OF PARLIAMENT OF RECEIPTS AND EXPENDITURE OF THE GENERAL COUNCIL, AND OF THE BRANCH COUNCILS FOR ENGLAND, SCOTLAND, AND IRELAND RESPECTIVELY, FOR THE YEAR ENDING JANUARY 5TH, 1876, PURSUANT TO SECTION XLIV. OF THE MEDICAL ACT (1858).

Receipts.

GENERAL COUNCIL.

| Jan. 5, 1876. | £ | s. | d. |
|---|--------------|-----------|----------|
| To Cash for Sale of Registers | 13 | 19 | 6 |
| To Cash for Sale of Pharmacopœia .. | 192 | 1 | 0 |
| To Cash for Sale of Additions to ditto | 71 | 1 | 0 |
| To Cash from Branch Council for England, its proportion of Disbursements | 3,134 | 4 | 2 |
| To Cash from Branch Council for Scotland, its proportion of Disbursements | 802 | 1 | 9 |
| To Cash from Branch Council for Ireland, its proportion of Disbursements | 698 | 10 | 10 |
| | <u>4,634</u> | <u>16</u> | <u>9</u> |

£4,911 18 3

Expenditure.

GENERAL COUNCIL.

| Jan. 5, 1876. | £ | s. | d. | £ | s. | d. |
|--|-------|----|----|---------------|-----------|----------|
| By Fees to Members of Council for Attendance at General Meetings | 1,134 | 0 | 0 | | | |
| By Fees (additional) to Members of Council who reside beyond 200 miles from London ... | 136 | 10 | 0 | | | |
| By Travelling Expenses on account of General Council | 121 | 16 | 0 | | | |
| By Hotel Expenses | 178 | 10 | 0 | | | |
| | | | | <u>1,570</u> | <u>16</u> | <u>0</u> |
| By Fees to Members of Council for Attendance at Executive Committees, and Additional Fees beyond 200 miles | 90 | 6 | 0 | | | |
| By Travelling and Hotel Expenses | 81 | 18 | 0 | | | |
| | | | | <u>172</u> | <u>4</u> | <u>0</u> |
| By Visitation of Examinations : | | | | | | |
| Fees for Attendance... | 362 | 5 | 0 | | | |
| Additional Fees beyond 200 miles | 147 | 0 | 0 | | | |
| Travelling Expenses | 142 | 16 | 0 | | | |
| Hotel Expenses | 66 | 3 | 0 | | | |
| | | | | <u>718</u> | <u>4</u> | <u>0</u> |
| By House Expenses, being one-third rateable proportion of £1,050 16s. 10d. | 350 | 5 | 7 | | | |
| By Salaries (Registrar and Clerks) .. | 550 | 0 | 0 | | | |
| By Printing Register and Half-yearly Lists | 160 | 5 | 2 | | | |
| By Printing Register of Students ... | 34 | 12 | 6 | | | |
| By Printing Reports on Visitations of Examinations | 292 | 0 | 0 | | | |
| By Printing 5,000 copies additions to British Pharmacopœia | 100 | 0 | 0 | | | |
| By Printing, Stationery, Postage, Advertising, and other Disbursements | 928 | 18 | 0 | | | |
| By Law Expenses (incurred in 1874) | 34 | 13 | 0 | | | |
| | | | | <u>£4,911</u> | <u>18</u> | <u>3</u> |

ENGLISH BRANCH COUNCIL.

| Jan. 5, 1876. | £ | s. | d. | £ | s. | d. |
|---|-------|----|----|--------|----|----|
| To Balance on 5th January, 1875..... | | | | 2,317 | 7 | 0 |
| To Cash for 20 Fees at £2 each..... | 40 | 0 | 0 | | | |
| To Cash for 584 Fees at £5 each | 2,920 | 0 | 0 | | | |
| To Cash for 335 Fees at 5s. each | 83 | 15 | 0 | | | |
| | | | | 3,043 | 15 | 0 |
| To Dividends on £25,000 Three per Cent. Consols | | | | 743 | 15 | 0 |
| | | | | £6,104 | 17 | 0 |

ENGLISH BRANCH COUNCIL.

| Jan. 5, 1876. | £ | s. | d. |
|---|--------|----|----|
| By House Expenses, being two-thirds of £1,050 16s. 10d..... | 700 | 11 | 3 |
| By Salaries, Stationery, Printing, Postage, and other Disbursements | 504 | 0 | 11 |
| By Per-centage Rate, pursuant to Sec. xiii. of the Medical Act | 3,134 | 4 | 2 |
| | 4,338 | 16 | 4 |
| By Balance..... | 1,766 | 0 | 8 |
| | £6,104 | 17 | 0 |

SCOTTISH BRANCH COUNCIL.

| Jan. 5, 1876. | £ | s. | d. | £ | s. | d. |
|---|-----|----|----|--------|----|----|
| To Balance in Bank on 5th January, 1875 ... | | | | 517 | 8 | 2 |
| To Cash for 177 Fees at £5 each | 885 | 0 | 0 | | | |
| To Cash for 2 Fees at £2 each | 4 | 0 | 0 | | | |
| To Cash for 53 Fees at 5s. each | 13 | 5 | 0 | | | |
| | | | | 902 | 5 | 0 |
| To Dividends on £2,000 Three per Cent. Consols | 59 | 10 | 0 | | | |
| To Interest allowed by Bank of Scotland on account of 1875..... | 7 | 10 | 4 | | | |
| | | | | 67 | 0 | 4 |
| | | | | £1,486 | 13 | 6 |

SCOTTISH BRANCH COUNCIL.

| Jan. 5, 1876 | £ | s. | d. |
|--|--------|----|----|
| By Fees to Council for Attendance and Travelling Expenses | 21 | 0 | 0 |
| By Salaries, Printing, Stationery, and other Disbursements | 223 | 18 | 10 |
| By Per-centage Rate, pursuant to Sec. xiii. of the Medical Act | 802 | 1 | 9 |
| By Balance | 439 | 12 | 11 |
| | £1,486 | 13 | 6 |

IRISH BRANCH COUNCIL.

| Jan. 5, 1876. | £ | s. | d. | £ | s. | d. |
|--|-----|----|----|--------|----|----|
| To Cash for 151 Fees at £5 each | 755 | 0 | 0 | | | |
| To Cash for one Fee at £2 each | 2 | 0 | 0 | | | |
| To Cash for 62 Fees at 5s. each | 15 | 10 | 0 | | | |
| | | | | 772 | 10 | 0 |
| To Dividends on £2,404 2s. 8d. New Three per Cent. Consols | | | | 71 | 12 | 10 |
| | | | | 844 | 2 | 10 |
| To Balance..... | | | | 819 | 0 | 3 |
| | | | | £1,663 | 3 | 1 |

IRISH BRANCH COUNCIL.

| Jan. 5, 1876. | £ | s. | d. |
|--|--------|----|----|
| By Balance due on 5th January, 1875 | 627 | 2 | 0 |
| By Fees to Council | 23 | 2 | 0 |
| By Salaries, Printing, Stationery, Rent, and other Disbursements | 314 | 8 | 3 |
| By Per-centage Rate, pursuant to Sec. xiii. of the Medical Act.. ... | 698 | 10 | 10 |
| | £1,663 | 3 | 1 |

GENERAL SUMMARY.

RECEIPTS.

| Jan. 5, 1876. | £ | s. | d. | £ | s. | d. |
|---|-------|----|----|-------|----|----|
| To Balance in hand, Branch Council for England, January 5th, 1875 | 2,317 | 7 | 0 | | | |
| To Balance in hand, Branch Council for Scotland, January 5th, 1875 | 517 | 8 | 2 | | | |
| | 2,834 | 15 | 2 | | | |
| Deduct Branch Coun- cil for Ireland | 627 | 2 | 0 | | | |
| | | | | 2,207 | 13 | 2 |
| To Cash for 912 Fees at £5 each | 4,560 | 0 | 0 | | | |
| To Cash for 23 Fees at £2 each | 46 | 0 | 0 | | | |
| To Cash for 450 Fees at 5s. each | 112 | 10 | 0 | | | |
| | | | | 4,718 | 10 | 0 |
| To Dividends on Stock, English Branch Coun- cil | 743 | 15 | 0 | | | |
| To Dividends on Stock, Scotch Branch Coun- cil | 67 | 0 | 4 | | | |
| To Dividends on Stock, Irish Branch Council .. | 71 | 12 | 10 | | | |
| | | | | 882 | 8 | 2 |
| To Cash for Sale of Pharmacopœia in 1875 | | | | 263 | 2 | 0 |
| To Cash for Sale of Registers in 1875 .. | | | | 13 | 19 | 6 |

£8,085 12 10

GENERAL SUMMARY.

EXPENDITURE.

| Jan 5, 1876. | £ | s. | d. | £ | s. | d. |
|---|-------|----|----|--------|----|----|
| By Fees to Members for Attendance at General Council | 1,134 | 0 | 0 | | | |
| By Additional Fees to Members residing be- yond 200 miles from London | 136 | 10 | 0 | | | |
| By Travelling Expenses .. | 121 | 16 | 0 | | | |
| By Hotel Expenses to non-resident Mem- bers of General Coun- cil | 178 | 10 | 0 | | | |
| | | | | 1,570 | 16 | 0 |
| By Fees and Additional Fees for Attendance at Executive Com- mittee | 90 | 6 | 0 | | | |
| By Travelling and Hotel Expenses to non-resi- dent Members of the Executive Committee .. | 81 | 18 | 0 | | | |
| | | | | 172 | 4 | 0 |
| By Visitation of Ex- aminations: | | | | | | |
| Fees for Attendance .. | 362 | 5 | 0 | | | |
| Additional Fees be- yond 200 miles | 147 | 0 | 0 | | | |
| Travelling Expenses .. | 142 | 16 | 0 | | | |
| Hotel Expenses | 66 | 3 | 0 | | | |
| | | | | 718 | 4 | 0 |
| By House Expenses, one-third, being the rateable proportion of £1,050 16s. 10d. ... | | | | 350 | 5 | 7 |
| By Salaries to Registrar and Clerks .. | | | | 550 | 0 | 0 |
| By Printing the Register and Half-yearly List .. | 160 | 5 | 2 | | | |
| By Printing Register of Students | 34 | 12 | 0 | | | |
| By Printing Reports on Visitations of Exami- nations | 292 | 0 | 0 | | | |
| By Printing 5,000 addi- tions to British Phar- macopœia | 100 | 0 | 0 | | | |
| By Printing, Stationery, Postage, Advertising, and other Disburse- ments | 928 | 18 | 6 | | | |
| | | | | 1,515 | 15 | 8 |
| By Law Expenses (incurred in 1874) .. | | | | 34 | 13 | 0 |
| | | | | | | |
| Total Expenditure of General Medical Council in 1875 | 4,911 | 18 | 3 | | | |
| English Branch Council: | | | | | | |
| Salaries, Printing, &c. .. | 504 | 0 | 11 | | | |
| Two-thirds of £1,050 16s. 10d. for House Expenses | 700 | 11 | 3 | | | |
| | | | | 1,204 | 12 | 2 |
| Scotch Branch Council: | | | | | | |
| Fees for Attendance and Travelling | 21 | 0 | 0 | | | |
| Salaries, Printing, &c. .. | 223 | 18 | 10 | | | |
| | | | | 244 | 18 | 10 |
| Irish Branch Council: | | | | | | |
| Fees for Attendance .. | 23 | 2 | 0 | | | |
| Salaries, Printing, &c. .. | 314 | 8 | 3 | | | |
| | | | | 337 | 10 | 3 |
| | | | | £6,698 | 19 | 6 |

| | £ | s. | d. |
|--------------------------------|--------|----|----|
| For 912 Fees at £5 each . . . | 4,560 | 0 | 0 |
| For 23 Fees at £2 each . . . | 46 | 0 | 0 |
| For 450 Fees at 5s. each . . . | 112 | 10 | 0 |
| | <hr/> | | |
| | £4,718 | 10 | 0 |

The general reader may be puzzled here at the apparent disproportion of Registration Fees. I will explain it to him. By Clause XV. of the Medical Act it is fixed that any person qualified before the first day of January, 1859, may register at any time, "on payment of a fee not exceeding two pounds;" and those qualified "on and after that day" may register so for a fee "not exceeding five pounds." And Clause XXX. provides that "higher" or "additional qualifications," obtained by persons after registration, may be registered "on payment of such fee as the Council may appoint"—and this the Council has appointed at five shillings for every additional qualification. The next item in the account is the sum of the "*Dividends on Stock*" for the three countries, and it "foots up" to a nice little total of £882 8s. 2d. Lastly, at the tail of all come £263 2s. and £13 19s. 6d., realised during the year for sale of *Pharmacopœia* and *Register* respectively. Altogether the yearly income from all sources, and the balance in hand of two thousand two hundred and odd pounds on 5th January, make up a grand total of £8,085 12s. 10d.

So much for *Income*; now for *Expenditure*. The first item here is £1,570 16s. It is made up by "Fees" and "additional fees" "to members for attendance at General Medical Council," "travelling expenses," and "hotel expenses to non-resident Members of General Council."

"Fees to Executive Committee" and "travelling and hotel expenses to non-resident Members" of same, make up the trifle of £172 4s.

"Fees for "*Visitation of Examinations*," "additional fees," and travelling and hotel expenses for ditto, amount to the moderate sum of £718 4s. "House expenses" and "salaries to registrar and clerks" are respectively £350 5s. 7d. and

£550. Printing of registers, reports on visitations, pharmacopœia, and other miscellaneous printing; “Stationery, postage, advertising, and other disbursements,” amount to £1,515 15s. 8d. And lastly, the trifle of £34 13s., for law expenses in 1874 (although the General Medical Council is not a prosecuting BODY), make up the whole “expenditure of General Medical Council in 1875” to £4,911 18s. 3d. So far for the “disbursements” of the *General Council*. The *Branch Councils* have yet to take their turn.

First of these comes the English Branch Council with a neat “little bill” of £1,204 12s. 2d. for salaries, printing, and house expenses. The frugal Scot comes next with his amount which is only about a fifth of the Englishmen’s, or £244 18s. 10d. And the Irish bill, to finish with, is £337 10s. 3d. Taking all four together, namely *the mother and her three children*, they contrive among them to swallow a total of £6,698 19s. 6d.—leaving a balance in hand of £1,386 13s. 4d., or £810 19s. 10d. less than they began with at the commencement of the year 1875. In all this expenditure not a shilling has gone in any attempt to suppress “irregular practitioners;” but if this suppression forms no part of “*the Execution of this Act*” as expressed in Clause XLIII. of it, then why should the *Council* travel out of ITS way to impose new work upon ITSELF? Moreover, if with the work it has it manages every year to reduce ITS credit balance by eight hundred pounds or so, a time will come when the “*Three per Cents.*” must suffer, although it will take a very long time indeed to exhaust them altogether.

Having now got so far upon our way I think it will be admitted by most people who have taken the trouble to think at all—no matter how little—upon this question, that the existing relations of the profession to the public, and those of the different sections of the profession to itself, are not by any means what they ought to be. I propose, therefore, to make a few suggestions upon what both these relations might, could, would, should, or *ought to be*, and what, I have no doubt, *they will be* “in somebody’s day.”

The first and chief *desideratum*, not only of the profession but of the entire mass of the people, poor and rich, is—A PUBLIC PROSECUTOR. Having formed and established, make of him *a thorough and a RESPONSIBLE entity*, and then with our present laws—even such as they are—the “failures of justice,” as they are now called, will become far more uncommon. Without him, a country may possess laws which are almost perfection; or it may go on constantly improving them towards perfection, and yet remain in many respects in a state of utter barbarism—or worse. It would be quite as reasonable to expect a well-constructed machine or steam-engine to propel and to guide itself along a permanent way without engine-man or driver, as to think that any law, no matter how good and how complete, would fulfil itself by itself. And yet *this is the practice*, if not the theory, which reigns in Britain. Most cases of wilful murder *of one person at a time* are certainly investigated *somehow*, if only by the coroner and his twelve or fifteen *intelligent* jurymen; but investigation—especially of this kind—is not always *scrutiny*. True it may be scrutiny, and this of a very painful kind, and thorough too, upon everything *only the murder itself*; and this it not unfrequently leaves as it began with—in utter darkness. In view of so large a per-centage (probably much over fifty) of murderers in these three islands who are never discovered, and in view of the 50 per cent. more at least who escape execution after discovery—although we have not *as yet, thank God*, come to incorporate “extenuating circumstances” in our jurisprudence, *except in child murder*, which we have made now to be *no crime at all*—it must strike a thoughtful person that our present machinery—at least the human part of it—for catching criminals or transgressors is very defective. This defectiveness arises, first, from it being *the business of nobody—at least nobody who is at all responsible*—to have the law enforced; and next, from the cumbrous, slow, expensive, and withal uncertain way in which the law moves, when set a-going, in almost any given case. Such is the bother, the

expense, and even the vexatiousness of “going to law,” that a timid or stingy prosecutor will often suffer almost any injury to person or property in silence sooner than resort to it. And even after a prosecution is commenced, the *injured prosecutor*—for *certain private reasons*, or for no reason—may withdraw from it, by either not appearing in court at all, or by refusing to give evidence if he does appear. No doubt, to provide against a “miscarriage of justice” in such cases as these, a law is in force which makes it highly penal to “compound a felony;” but again, in the absence of a PUBLIC PROSECUTOR, this law, with many others, will not often be disturbed of its repose. Misdemeanours, or even crimes against a man’s person, or property, or both, being then so *adjustable* in regard to their punishment as that not unfrequently a money payment, or other “consideration,” will settle them “*in the teeth*” of the law, it follows that here the door is open for all manner of rascality in commerce and in trade. To pass over affairs in bankruptcy, wherein merchants, traders, professional men, manufacturers, and “other gentlemen” “pass through the Court” any number of times, from one to half a dozen, and “liquidate” each time on payment of any dividend, from five shillings in the pound to twopence-halfpenny; we come to consider for a brief period scoundrelism of a very much deeper kind. This scoundrelism is the adulteration of articles of manufacture, commerce, clothing, food, drink, and even of drugs used as medicines to cure disease! The wretches who do these things are as much below the morality of the fraudulent bankrupt, or even highway-robber, as the secret poisoner is below—both in morality and courage—the hireling warrior. The fellow who “thickens” the cloths or silks which we require with clay or chalk, or who sends out his reels of thread short of measure by many yards, may be not very much worse than the fraudulent bankrupt, as there is a certain kind of “smartness” in the doings of both; but the man who supplies “milk” daily to fifty families or more—“milk” which has “never seen” cow or other mammal—his “smartness” is of a

different kind, and should be criminal. Like to him is the manufacturer of "butter" from *margarine*, from the fat of oxen, or even rancid lard. And a shade worse rascal still is the miller, who is fast *using up* "the chalk cliffs of old England" to make flour "extra superfine." All these are bad enough no doubt, but the "post of honour" in atrocity should be awarded to one or other of the following competitors, namely, the pharmaceutical chemist, who dispenses prescriptions for diseased and dying people with spurious drugs; the publican, who by poisoned beer or spirits *sends hundreds to the hangman, and hundreds more to Bedlam*; the iron manufacturer, who with *inferior iron* in plate of ship, or wheel or coupling-chain of railway-carriage, sends—in agony often—thousands to eternity; and the travelling quack, the town "professor," and "colliery doctor's doctor," whose respective "work" we have already glanced at, as it came up in turn, in last chapter. It is certainly true that to overlook certain manufactures and industries we possess State-paid officials, called *Government Inspectors*; and other gentlemen we have, also State-paid, designated *Public Analysts*. But as there is *no official to overlook* either of these *directly*, and *to keep them constantly to their work*, they not seldom appear as if they had fallen asleep. Now and then, no doubt, the *Public Analyst* wakes up, makes a show of activity, and "pounces upon" some notorious "adulterator," who is "convicted" and fined. But this only proves the profitable nature of the "trade," and its prevalence in the country; for the "convicted" man cheerfully pays the fine out of his realised profits, and smilingly returns to his "industry," upon which, and the *Public Analyst*, he is resolved to keep *a better watch in future*. And similar is the system in all other "departments."

To the reader who has carefully followed me in this compendium of the need for a PUBLIC PROSECUTOR, and also to him who has seen with me the tricks and antics of "irregular doctors," and who believes in consequence that *something should be done*, I have still a few words to say. But the *genuine Briton*, who still grumbles, and yet whose *amor*

patricæ will not permit him to see anything wrong, and therefore nothing to be corrected, I part company with here for a little time, and in doing so I wish to part good friends—so here goes—a cheer for BRITISH LIBERTY !

The PUBLIC PROSECUTOR, if you ever mean to call him into life, should be a responsible minister of the Crown (to change with the Government if you like), and to be—at least as much as the Government is—responsible to the country through the Parliament. *To give him an interest in his work, pay him well, but not excessively, lest you make him thereby proud, useless, and lazy.* For a sufficient pay, give him sufficient work, and see that he does it by demanding of him regular accounts. For his work you may subtract a portion of theirs, from each of the three following *over-worked* personages (whether you subtract *a portion of their salaries* or not—let it be an after question), namely: the *Lord Chancellor*, the *Home Secretary*, and the *Attorney-General*.

With the judges he should not clash, neither in influence nor authority; but upon the magistrates—*especially the unpaid*—he should have some command; but this to be, certainly not arbitrary. Among other things let it be *his business* to see that every law upon the statute-book is enforced, no matter who the offender is; and lapsed or obsolete laws he should report to Parliament for their abrogation or correction. Over one class of State officials at least he should have *absolute control*, namely, the police—metropolitan and general, as at present they appear to be under the rule of nobody—coroner, magistrate, nor yet Home Secretary—if even under *Parliament itself*.

Having made *the man*, it does not matter much what his title is; but for a name, *Prosecutor General*, or *Prosecutor Imperial* will do as well as any other. To make his work and its due execution both a reality, he must have a due complement of assistants, and these may be provided thus:—In every county in the kingdom he should have one deputy at least, and these deputies should be men *picked and chosen after*

undergoing a special course of education and examination. If the present coroner can be gradually raised in intelligence, education, dignity, and general usefulness, make of him the Deputy-Prosecutor ; but, if not, annihilate him altogether, and establish in his stead the new man.

It is not my design, less still is it my wish, to detract from the merits or the lawful occupation of any man, public or private ; nevertheless I think it will be admitted by most men who have taken the trouble to think at all upon the subject that the "crowner" of our time does not exactly fulfil a great "*want.*" The reason of this is certain faults in himself, added to certain other faults in his office. Let us take the latter first. The faults of his office are that he has upon occasion either *too little liberty or too much liberty.* He has too little liberty when he is badgered and disrespected by everybody, as *when a common policeman*, backed up by a justice of the peace, refuses to bring before him for examination or identification *a man charged with murder !* or when the Home Secretary or other man *refuses to refund him for the expense of a POST-MORTEM or chemical analysis*, which he judged necessary to be made in any given case : or, being in his court surrounded by men "learned in the law," when they take *among themselves* the entire management of the case, and make of him "*nobody.*" He has too much liberty when he can go through his "work" in a perfunctory manner, hear what witnesses he may choose, and reject whom he may choose, and send a case to a jury for a verdict, almost before it is entered upon.

The faults in himself are, that he is rarely duly qualified for his office, and this not seldom brings ridicule upon both it and himself, by either his exaggeration or his want of appreciation of its duties. That he is seldom duly qualified for his office can be seen at once if we consider for a moment *from whom* he is made, and *by whom* he is appointed. When the office of coroner becomes vacant these two classes of the "learned professions," namely, attorneys and general practitioners, marshal themselves in battle array without any loss of time, and select

from among themselves a candidate or candidates upon each side. No such *trifling question as general fitness of the candidate* for the office enters into the calculation of either learned body. The whole question, on both sides, is, which man among them is most popular among the ratepayers, and can secure the greatest number of votes, so as to make the thing a complete party triumph. An entire outsider might perhaps think that either attorney, or general practitioner, ought to make the best possible coroner—the one from his general knowledge of *Law*, the other from his special knowledge of *Medical Jurisprudence*—which subject now forms, and has formed for many years, a particular branch of his curriculum. But here again the intelligent reader may himself judge from the following data, how far this reasoning is correct. A medical man is under examination in an inferior court of law, by an attorney of average ability and practice, and *inter alia* is asked by him: “What do you say again was the cause of death in this case, doctor?” “*Effusion on the brain*,” replies the doctor. “*Infusion of the brain*,” remarks the attorney, mistaking both the doctor’s reply and its meaning, and he is passing on to the next question, when the doctor adds—“*Confusion of the brain*, sir, would be quite as good a word.” Such an attorney, it may be remarked, would not make a particularly “bright” coroner—as he could not be expected to distinguish an *εκχυμωσις* from a *φίμωσις*—and yet upon a vacancy occurring, he would be considered by his party the “very man for the office,” *if his election could be accomplished*. This much for the attorney-coroner; now for the doctor-coroner. The general practitioner is under examination for his diplomas, and is asked by a medical examiner: “Can you tell us generally, Mr. Mac Whacker, the signs and symptoms of cancer of the stomach?” “There is vomiting, there is pain, and there is a lump,” replies the doctor. “Very good, sir,” says the examiner; “go on.” “Well, you have vomiting, you have pain, and you have a lump,” repeats the doctor. “You have told us that before, Mr. Mac Whacker; please go on,” says the examiner. “Well, you have a lump,

you have pain, and you have vomiting," again says the doctor. "But you have told us *all* that before, Mr. Mac Whacker." "Well, then, you have pain, you have vomiting, and you have a lump," still answers the doctor, who can get no farther. He is "passed on" to the surgical man, who asks: "Tell us, if you please, Mr. Mac Whacker, the difference between effusion and extravasation?" "Well, sir," says Mr. Mac Whacker, after a pause, "effusion *is* effusion, and extravasation—*is*—extravasation." Mr. Mac Whacker having perhaps "answered well" in other "subjects," is *admitted*; or, if not, he is *remitted*, and *passes next time*. Mr. Mac Whacker, it need scarcely be said, would not make a very accomplished coroner; for his jurisprudence, general or special, would, if not *effused*, be at least "*lumpy*;" but still you would not only offend grossly Mr. Mac Whacker if you told him so, but you would offend his professional brethren also. Perhaps they might admit that *he* was not altogether *the best man* for the office; but, "at any rate," say they, "he would make a better coroner than Mr. Sliman the attorney."

The coroner of the future then, and the deputy-prosecutor, might with advantage be combined in one official. And to make him really useful, respected, and respectable, he should be *neither lawyer nor doctor, but a compound of both*. He should study for a certain period, both law and medicine, at a university, and then be subjected to a rigid examination before being appointed. Such a man would take care that proper skill in both faculties was employed in the prosecution of criminals, and thus the huge scandal of *murderers escaping the gallows through the parsimony and the ignorance of the prosecution*, or through any other "flaw," would be reduced to a minimum. This would save the country generally no little sum of money and of lives, for murder then being sure of something certain in its punishment, the punishment itself would prove a proper terror—"pour encourager les autres."

More than all this, the changed circumstances, through him, would tend to elevate in the public mind both doctor

and lawyer. For at present few exhibitions can be, at the same time, *more amusing and more painful* to an educated and indifferent spectator than to hear at a criminal trial an ignorant doctor under examination by an equally ignorant lawyer. The *fun* is increased if the doctor is timid as well as ignorant, and if to the *foolish* questions put by the lawyer he answers in *folly*. But while the doctor's folly is seen by everybody, the lawyer contrives *through it* to screen his own; and as he carries the court with him, the doctor is *the buffoon* and he *the philosopher*. Once in a way, however, it happens that the lawyer meets a man who knows his business, and *who knows that he knows it*, and then the tables are turned; and a very much smaller man is the lawyer, for his "reading up" serves him badly now. But all this, though sometimes vastly funny, has its natural effect upon the popular mind, and upon the administration of the law of the country also.

The public prosecutor, such as, in brief outline, I have now described being established, trust him with the execution of every Act of Parliament—present and prospective Medical Acts among the rest. He will find a method of dealing with the "professors," with the "colliery doctor's doctor," and others, and with the colliery doctor himself *if even there should intervene on his behalf such a power as the GENERAL MEDICAL COUNCIL*. And this brings me to return briefly again to this BODY.

No law, to be passed in the future, can be satisfactory to the mass of the profession—that is, the general practitioners—which does not reform the *General Medical Council*. In the present constitution of this BODY the general profession is *unrepresented utterly*; and of this we have seen the consequences. It consists, as we have seen at pages 30 and 31 of this little work, of twenty-four members altogether; and of these twenty-four the nineteen licensing corporations possess seventeen representatives among them—to watch their interests. "Her Majesty, with the advice of her Privy Council," has nominated six others, and the remaining gentleman—the

president—is nominated by the other twenty-three. The majority of these gentlemen (I beg their pardon, more than one are noblemen) are “practically” independent of the profession, and almost the whole of them *look upon* the poor general practitioner as an Anglican Archbishop might be expected to look upon a Methodist local preacher, *although some of them, from practice and experience, “ought to know better.”* Not a man among them has an interest, direct or indirect, in the *well-being or respectability* of their “poor brother,” although some of them hold somewhat *uncertain* relations with him. This being so it need cause no marvel that the *Medical Act*, so far as the suppression of “irregular practitioners” is concerned, has turned out to be *a complete failure*; but many are so ill-natured as to think that if the said *Medical Council* had *individually*, for their daily bread, to compete with the said “irregular practitioners,” they could and would find a *modus operandi* against them through the Act. At any rate the *Medical Council* of the future, to be efficient and esteemed, *must be made a BODY thoroughly representative of the whole profession.*

With the establishment in the country of a *Public Prosecutor*, and the reform of the *Medical Council*, look out, ye timid and doubting people, for a *Medical Millennium* throughout the land! But to make this happy time more complete, the profession itself generally must undergo a few trifling touches—to *refresh the ground.*

Most reformers would be content with the fulfilment of the programme sketched above (*I wish we had it*), but I am no common reformer—I want to be Hercules or nobody. To “cap the edifice” then, as ’tis said, there are a few trifling things required still, and to these I wish now to direct attention.

Next to the reform of the *Medical Council* the *Licensing system* must be still more improved. Ye nineteen Corporations, don’t alarm yourselves at my proposition, for I would not disturb a “hair upon the head” of one of you, although what I am going to propose is as nearly as possible the “ONE PORTAL SYSTEM”—*but it is not it.*

For a number of years now much has been said and written upon the necessities for, and advantages of, the “*one portal system*.” Explained briefly, it means that the oft-mentioned nineteen *bodies* in England, Ireland, and Scotland, should so coalesce as to form *three*; or *one single examining Board for each of the three kingdoms*. If they *united voluntarily*, it was said, so much the better; but if not, then it was further said that they *should be compelled to unite*. Now, I humbly suggest that this is *unreasonable talk*, and I say why it is unreasonable. That the *nineteen bodies* should ever *voluntarily* coalesce into *three*, is impossible, *because there are too many diverse interests to reconcile*. And that they should be *compelled to unite* would be inexpedient, *because union by compulsion is no union at all*, it is simply *tyranny on one side, slavery on the other*. Let us leave the corporations alone then, and see what can be done otherwise.

It will be remembered, I think, that I said at an anterior place (page 37) in this little work, that the standards of education and examination exacted by all the bodies (from general practitioners at least), are at the present time “nearly equal.” The preliminary education is the same everywhere, and so is the professional. For the benefit of the *legal faculty* and others, I append here an ordinary CURRICULUM :

Anatomy, two courses of lectures in distinct sessions, 6 months each.

Practical Anatomy, two courses of lectures in distinct sessions, 12 months.

Chemistry, one course of lectures, 6 months.

Practical, or Analytical Chemistry, one course of lectures, 3 months.

Physiology, not less than 50 lectures.

Materia Medica, one course of lectures, 3 months.

Practice of Medicine, one course of lectures, 6 months.

Clinical Medicine, Instruction in, 6 months.

Principles and Practice of Surgery, one course of lectures, 6 months.

Clinical Surgery, Instruction in, 6 months.

Another course of Surgery, or of Clinical Surgery, at the option of the candidate.

Medical Jurisprudence, one course of lectures, 3 months.

Midwifery, one course of lectures, 3 months.

Practical Midwifery, attendance on, at least, six cases of labour.

Pathological Anatomy, Instruction in the Post - Mortem Room of a recognised Public Hospital, 3 months.

Practical Pharmacy, Instruction in, 3 months.

General Hospital, Attendance on the Practice of a Public General Hospital, 24 months.

The above is the *minimum* to admit to examination "candidates for a diploma;" and four years at least must be spent in going through them. Many students take a double course of more than one of the prescribed "subjects," and *a few* take a double course of almost the whole. And at the end of all, a three days' examination (written and oral and clinical) upon the whole, must be gone through by the candidate for a diploma.

Now the improvement in the course of study and examinations imposed by the *General Medical Council*, being so necessary (as we have seen), I would not have altered in any respect, either curriculum or examination. Let a student study at any "recognised school" he pleases, and let him afterwards "qualify" with *any two* (*i.e.* Medical and Surgical) out of the nineteen *bodies* he pleases. *But after that he should pass*—for no fee—a BOARD OF EXAMINERS *appointed and paid by the State*, before being entitled to register as a duly qualified practitioner. Establish one such BOARD in England, one in Ireland, and one in Scotland, and here you have the "*one portal system*" in full operation, and without any revolution at all. This system works well in Prussia; and it would work well here, as then, both candidates and boards could truly make the honourable English boast of *doing their duty*.

All this being, or having been, done, and a new era entered upon thereby, very little remains to do, but of that little the

following is by no means the least important. At page 53 I promised “before concluding this little work, to suggest a remedy for” the peculiar performances of the “*speculum specialist*.” And aptly enough, in now doing so, the opportunity is afforded of recurring to “*the female doctor question*,” which I also promised to consider in its place.

To dispose of this question justly and satisfactorily, it is necessary to commence the examination of it in complete indifference—that is, entirely free from prejudice on one side, pretension on the other. In this flatulent age nonsense without end has been diffused from press and platform, both in the assertion and denial of the right and the ability of women to practise “the healing art,” as it is called. As far as right goes I think most people will concede that an educated, sober, and specially trained woman, has, *at least*, as much right to practise the profession of medicine, as have that very large class of people called “Medical Assistants,” many of these possessing no good quality, but being *eminent* for drunken, lying, and swindling *accomplishments*. I go further than this, and say that educated and qualified female doctors have as much right in the profession as the general run of general practitioners. But the question of ability (that is *physical ability*) and *general fitness* is another affair. Every *disinterested* person who has taken the trouble to note the wear and tear, and suffering of the doctor’s life, in any of the three departments—physician, surgeon, general practitioner—will say with me that the *ordinary* woman is *physically unfitted* for the office, although the *extraordinary* woman might accomplish it. And these latter are so few in this country, thank God ! (I say thank God, in recollection of the qualifications of black amazons and of white *petroleuses*), that if no feeling of delicacy restrains *them* from rushing upon the *whole* profession, then open the doors and let them have fair play ; and afterwards that great arbiter in commerce, the rule of supply and demand, will settle the question. So much for woman’s claim to practise the entire profession ; and to practise upon *man and woman*, young

and old, "*like any other man.*" But I misunderstand the whole subject if "lovely woman" (in this country at any rate) has ever made such a claim as that. What she does claim is the right to attend to the diseases and *emergencies* of her own sex, and to the diseases or ailments of children. In this claim she has the recognition and the support of every *reasonable* human being in the whole country, inside or outside of the profession.

The practice of midwifery in this country is a GREAT SCANDAL; I know of no parallel to it except the same practice as *done* upon the negro women in America, when slavery was an "institution" there. For the most part this practice here is nominally in the hands of doctors, but really it falls to the lot of anybody, male or female, young or old, competent or incompetent. The higher and middle classes *can and do* protect themselves here as in *everything else*; the lower classes and the poor, and they alone, are the sufferers. No "art" in the whole profession affords such contrasts in its practice as the *obstetric art*; that is, nothing can be so simple or nothing so complicated as the state and requirements may be of any given case. An *accoucheur* is in practice twenty or thirty years, and during that time has been so "lucky" as to meet with nothing uncommon. On the other hand the very first case that a student learning his profession may be called to, may be so extraordinary as to tax the coolness, judgment, and energies of a great professor. Such being the peculiarities of the "art," how necessary is it not that those who practise it, whether male or female, should be specially educated, and duly competent to deal with any kind of case? At present any "handy person"—any old woman *past use for anything else*, or any youth new from school, or any man that the colliery doctor may "pick up," it may be *labouring about a colliery* or in a druggist's shop, is good enough to attend colliers' wives, as we have already seen what attendance the collier himself and children receive. The consequence of all this is that many lives, valuable in their own circle, are daily lost throughout the

country ; and a far greater number of unhappy women are doomed to endless suffering, while they live, through the culpable ignorance of these “handy” people. To change all this let it be the *business of the State* to establish schools through the country for the proper education of midwives. Instruct them also in the more common diseases of infants, such as jaundice, pneumonia, bronchitis, difficult dentition, &c.; and upon all subjects have them fairly examined before “letting them loose;” and then “the female doctor question” *will collapse as a question*. No greater boon could be conferred upon the doctors themselves than this, as it would relieve the honest and the upright among them of toilsome and disagreeable duties ; and it would extinguish altogether the colliery doctor’s doctor and his kind. It would even *correct* the work of the “*speculum specialist*” himself, as we shall see immediately.

It may be objected—and the objection has some force—to this scheme for the appointment of midwives, that the mortality of parturient women would still be as great or greater in the hands of midwives altogether than it is now in its mixed state. For, say my objectors, “You would take the practice entirely from men, and then women would not have physical strength to manage difficult cases, instrumental or other; and men *being unpractised would be useless* as aids or successors to women.” I say to this, there is no fear of such a state of things; no chance of such a revolution. Many women of those who now retain men to attend them would still continue to do so, so that obstetrics to men will never become “a lost art;” and the women who now, in the face of all dangers, employ women and ignorant men, would be given a better chance of their lives. It would certainly curtail the midwifery practice of the regular doctor, but this would be, as I have just said, an advantage in every respect. The “doctor” who has now two or three hundred cases or more in a year might then have a hundred (and fifty in a year is in my opinion enough for any man—enough at least to keep his practice good). Nothing in my view *so much degrades the doctor as a medical man* as an

overgrown practice of midwifery ; for he then *neither knows nor cares for* any other kind of practice !

Proper doctors and proper midwives filling the vacant places in the profession through the country, the *speculum specialist*, like the *colliery doctor's doctor*, might "look out" for a "new industry." The poorer classes would then supply far fewer cases among them for the exercise of his "art," and females among the higher classes, who preferred it, might then have the benefit of advice and assistance from their own sex. True, many females in all classes would still repose their confidence in a male practitioner ; but, on the other hand, many timid and delicate females who now suffer in uncomplaining silence could then expose their ailments to a woman. That there are still many such of *both sexes* in the world, all who know anything of human nature must be prepared for ; and in confirmation of this I cannot do better than refer the curious reader to an account of the sentimentalities which passed between my Uncle Toby and Mrs. Wadman over the consequences of the wound he received before the gate of St. Nicholas at the siege of Namur. And if the subject of sieges is at all interesting to him, he will there find also a full account of traverses, trenches, curtains, salient angles, mines, *covered-ways*, demi-bastions, and *works and fortifications* generally.

I have now nearly filled in the programme which at the commencement of this work (stupid, funny, whimsical, you may term it, reader, according to your fancy) I sketched out for myself. Before I conclude, however, I have still a suggestion or two to make. The first is, that the general practitioner should as far as possible—and gradually more so, year by year—disconnect himself in the public mind with the idea of *shop-keeper* ; for, after all, *the chief reform must be in himself*. Let the public be taught that it is *the skill* of the man and *not his drugs* which they pay for. Nothing can be more humbling to a professional man than a scene like the following : Patient. "I have called for my account, doctor, will you please tell me what it is ?" Doctor. "I have not had time to make it out,

madam; perhaps you yourself remember the attendance?" Patient. "I had just five bottles, sir." "Very good, madam; and I believe I visited you four times." "*You don't charge for visits!* do you, doctor? I was never charged for them before." "Well, *I charge for visits* and also for medicine; but as you appear not to know this, I will charge you a guinea *for the attendance* this time, and I make you a present of the medicine." "A *guinea!* doctor! well, you are a very dear man: I reckoned it would be just twelve-and-sixpence—the same as others charge for the same number of bottles." "A guinea, madam, is my charge in this case—I don't charge for 'bottles.'"

Complaints are made, and not without reason, of chemists and druggists practising as doctors within their shops and also outside; this is certainly *illegal*, but it is not more *improper* than the doctor-druggists' system of business as shown above. The proper means to correct both gentlemen, namely, druggist-doctor and doctor-druggist, would be to introduce into this country the chief continental system; that is, let the medical men visit and prescribe in every case, and let the druggist compound the prescriptions; and then keep each man *rigidly in his place*. This reform would be too much to hope for in this country *for a century yet*. But *when it does come* the doctor will see that the patient's drugs are pure, and what he ordered him; and the patient himself will not be obliged to swallow *six or ten* bottles of "*physic*" when one would do! so that the doctor may pay himself through "*physic*" for his advice. People would also realise that doctors *do not charge for bottles of medicine*.

It would be improper to "close the account" without some reference, long or short, to the wicked system of treating disease or distemper by spirituous stimulants, which fashionable doctors sometimes do; and *compel*, and afterwards *permit* their patients to swallow those. These men, and the quacks with their "elixirs" and their compounds of morphia, chloroform, chloral, and other stuffs, have much to answer for. But as the present

work is no part of the *Devil's chain*, I leave the subject to the man who *forged it*.

I come now to my last suggestion, and I enter upon it with greatest diffidence of all; because in it I appear as if to wish to teach alike the teachers and the taught; but so *much distinction* I utterly disclaim however. Most men who have studied at all the history of medicine—whether for knowledge or curiosity—know that it (medicine) had, and has, its fashions (theories they are called here) like everything else human; and these fashions run in cycles. The fashion, fifty years ago or less, was *to bleed everybody for everything*; the fashion now, and for some years past, is *to bleed nobody for anything*. It will at once strike an intelligent person, and one with common sense, that *both fashions are wrong*. As formerly many valuable lives were taken by the *lancet*, so in present years many equally valuable are lost through its disuse. Amusing it is to see the quack brotherhood, through their “*Anti-lancets*,” &c., condemn blood-letting; but most amusing of all is it to hear *les jeunes gens de la médecine* say to a strong plethoric patient, “Take care of all the blood you have, friend; you will want it hereafter.” Such fellows, to be consistent, would never employ money in trade nor bank it, but should *bury* it in their pocket or in the earth, so that in old age they might depend upon it. But I have comparisons far more to the point still; and I ask them if they ever saw a gardener pruning his fruit trees? or a labourer trimming a white-thorn or other hedge? or a farmer sending his sheep to graze in early spring-time upon a thin crop of barley or wheat? or if they themselves, *dans leur première jeunesse*, did not *most industriously and perseveringly shave* to encourage a beard? Answer me satisfactorily all these things, ye wise men! and afterwards decry bleeding as much as you like! A doctor, more than any other man, should be a student of nature as well as of human nature; for, with all learning—failing the possession of the sixth sense of the Scotchman—*common sense*—A POOR DOCTOR IS HE!

At last it comes my turn to say to my reader Adieu ! and this I do in all good feeling ; for with you, at least, *I had no disturbance* as we travelled the road together. If you sometimes found me dull, trifling, or uninteresting, excuse me, and remember that we all have our changes of temper. If, upon the other hand, you have been but instructed, interested, or amused—be it ever so little—these few pages have fulfilled in part a purpose. But their chief purpose is the reform of MEDICAL MANNERS AND CUSTOMS in this country ; and the mental, moral, professional, and social elevation of THE PRACTITIONER himself. Is it too much to hope that these things may happen so ?

THE END.

